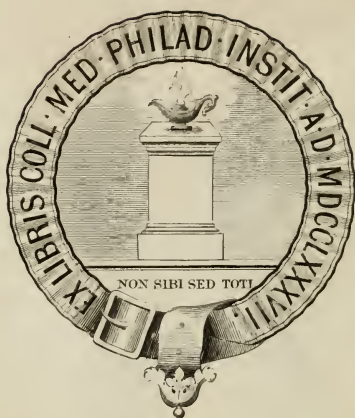




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THE

# AMERICAN PRACTITIONER:

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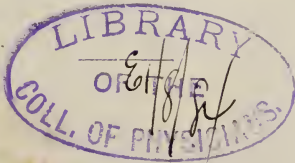
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# THE AMERICAN PRACTITIONER

JULY, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

---

### ON SOME CAUSES OF CYSTITIS, AND ITS TREATMENT IN THE ADULT MALE.\*

BY JOHN CHAMBERS, M. D.

In presenting this subject to the State Medical Society, I shall consume no time in detailing the symptoms of inflammation of the bladder, symptoms with which every doctor is familiar. I desire merely to refer to some especial forms of the disease, and hint at remedial measures which have been found useful in its treatment.

A frequent cause of the disease in city practice is the extension backward of specific or gonorrheal urethritis. Here the inflammation attacks chiefly the prostatic portion of the urethra. It is attended by frequent and urgent calls to urinate. There is a sense of fullness and discomfort in the lower part of the rectum and the perineum. Usually there is no pain on pressure above the pubes. There is perhaps no tenderness of the prostate when felt per anum. The urethral discharge, if it has been abundant, is usually arrested, and it returns as soon as the bladder symptoms subside. It comes on sometimes after the use of astringent injections, and these certainly aggravate it. I

\* Read before the Indiana State Medical Society.

think it quite probable that they may be important factors in its production, but I have observed it in many cases in which no injections of any kind had been used. It has been noticed that the gonorrhea has assumed a severe character, extending back to the deep urethra and bladder, and has been rebellious to treatment in cases where the meatus-urinarius was of unusually small size. The restoration of the opening by incision is frequently followed by good results as a measure of treatment. I at one time had a case under my care in which a gonorrheal inflammation of the deep urethra seemed to cause non-union of a fractured femur. At the time of the injury the man had, as he supposed, just gotten well of the disease, as there was no apparent discharge. At the end of four or five months from the date of the injury, I made a microscopic examination of the urine with the view of finding out the cause of its muddy appearance, and whether it might not be due to the presence of phosphate of lime in a palpable form. My astonishment was great to see that the urine was loaded with pus corpuscles, showing such a free formation of pus, in fact, as to constitute a serious drain on the powers of a not over-robust constitution. Whether this was the sole cause of the non-union of the fracture I am unable to say. There was no other apparent cause, as there was no difficulty in maintaining good apposition of the fragments.

With regard to the treatment of gonorrheal cystitis, I am in the habit of using cubebs, in full doses, three times a day. Opium or morphia must be given when the symptoms are severe. If the disease be chronic, I have used injections into the bladder of nitrate of silver, one eighth grain to one ounce of water, or of borax or carbolic acid. The injection should be warm, and only a small quantity is thrown in at a time. I have not derived much benefit from the use of iodoform given by the mouth or rectum. Bicarbonate of potassa or liquor potassæ in ten-minim doses three times a day, by overcoming acidity of the urine, is often beneficial. These cases are frequently rebellious to all treatment. Relapses are common. A man may think himself well, but on any unusual exertion, or if

the urine become concentrated, as from free perspiration on a warm day, the symptoms of bladder irritation will return. I have of late adopted the plan of examining the urine microscopically, and never pronounce a man well of cystitis or gonorrhea so long as pus corpuscles can be found in it. I can not subscribe to a statement made by an eminent author that a few pus corpuscles in the urine is a matter of no moment. On the contrary, it is an indication of disease in the urinary tract or communicating with it. It is altogether foreign to that fluid, and an unequivocal sign that something is wrong.

A common cause of cystitis in the adult male is stricture of the urethra. If the stricture is close and of long duration, we will have hypertrophy, and perhaps sacculation of the bladder. Full dilatation or some other disposal of obstruction to the urine is the essential element in the treatment of these cases. But after the caliber of the urethra has been restored, it is necessary to re-establish the tone of the mucous membrane of the bladder and urethra by the use of warm water irrigations, which may be medicated if required.

A cause of cystitis, in the judgment of many, is the so-called stricture of large caliber. The majority of surgeons deny to these strictures any pathological significance whatever; but the researches of Professor F. N. Otis, of New York, have proved the following points: that the urethra varies in size in different individuals; that its caliber bears a definite relationship to the circumference of the flaccid penis; that its caliber can be determined by the use of an instrument known as the urethrometer; that any encroachment on the normal caliber is to be regarded as a stricture; and that such a slight encroachment may cause an obstruction to the flow of urine apparently insignificant, it is true, but enough to irritate the urethra and the bladder behind. An irritated bladder can easily become an inflamed one.

Without entering into the controversy over these propositions, I may be allowed to state my belief in their general truthfulness. Some very obstinate cases of cystitis have gotten well in my practice after the incision of slight contractions of the

urethra. We must not expect, however, that the cure will be immediate. In my experience some months have passed before the pus and string-like threads have disappeared from the urine.

In the treatment of such cases I regard the operation of dilating urethrotomy as by far the best way of disposing of the strictures. The stricture must be thoroughly divided or it will certainly recur. This can only be done by putting the strictured part on the stretch before cutting it. The incision is, I think, best made on the upper wall of the urethra, and must divide the mucous membrane well both in front and behind the stricture. The meatus should be incised at the same time, although I think it is better not to cut it to the same extent as the stricture.

I have tried in vain to dilate a stricture of large caliber in the penile urethra. It does not yield except to a slight extent, and if we attempt to force it we run the risk of producing symptoms which may be serious.

In advocating the operation of dilating urethrotomy, a word or two of caution will not be out of place. It is always a serious operation, and may be a very dangerous one. It should never be done if there is evidence of kidney disease, because under these circumstances it is liable, like all other operations on the genito-urinary tract, to cause acute nephritis—the so-called surgical kidney—and death from suppression of urine. Urethral chills without kidney troubles sometimes follow it, but they are rare when the incisions are limited to the penile urethra. Hemorrhage may occur, but I have never yet met with serious trouble from this source. These are the chief dangers. They are particularly liable to attend operation in that portion of the urethra beyond the peno-scrotal angle. They should be borne in mind and guarded against, as they can be nearly always. They are sufficient to warn the prudent surgeon that milder means should be first tried; but if they fail, the operation should be resorted to, with the view of saving the patient from the suffering and death which only too often take place as the result



of the extension of urethral and bladder inflammation to the kidneys.

Cystitis from hemorrhoids has not been observed very much in my practice. But that it is of occasional occurrence, there is abundant evidence. The vascular and nerve relationships of the parts are so intimate that we can readily understand why disease in the rectum should disturb the healthy condition of the bladder.

When cystitis has existed for a long time without apparent cause, and especially if it has been attended by hematuria, we may suspect the presence of a tumor in the bladder. These growths are mostly papillary in character, and are frequently attached by narrow pedicles. They were formerly regarded as malignant. Until lately nothing could be done except to use astringent injections to arrest hemorrhage and opiates to allay pain.

Sir H. Thompson\* has recently introduced a method of exploring the bladder and removing any growths susceptible of detachment. Thompson's operation is so practicable, and withal so free of danger, that its details should be generally known: "The patient is to be placed in the ordinary position for lithotomy. A rather short, well-curved staff, with deep median groove, is passed into the bladder. The operator enters the point of a long, straight bistoury about three quarters of an inch above the anus, and makes a vertical incision upward of the skin, not more than an inch or an inch and a quarter in length. He then carries inward the knife deeply, nearly parallel with the rectum, in which the left index should be placed to inform the operator of the relative positions of the blade and the bowel until the point reaches the groove of the staff about the membranous portion of the urethra. He is next to incise the tissues covering the groove for about half an inch. The left index is then to be introduced into the wound, the nail insinuated into the groove, then slowly into the urethra beyond, gradually dilating it. When the finger is fairly lodged in the prostatic urethra,

\* See *Lancet*, February 3, 1883.

the staff is withdrawn, and the finger is pressed firmly onward until it enters the neck of the bladder; and it should now be felt to fill, or nearly so, the entire wound; and it does so if the incisions have been made as directed. As a rule, very little bleeding results. The operator now, maintaining his finger in the situation described, should rise from his seat to the standing position, place his right hand on the patient's abdomen directly above the pubic symphysis, and make firm pressure into the pelvic cavity. He will soon recognize the end of the left index finger, and by concerted movements of the two hands he may, as I have already said, examine with ease the upper surface of the bladder, and explore the lateral walls, the fundus, and trigone—the latter more completely, if necessary, by placing the other index finger in the rectum. You will observe that the procedure thus described is simply a limited external urethrotomy, not 'cystotomy,' as when incision of the neck of the bladder has also been made. . . . The incision involves only a small portion of the urethra anterior to the prostate and neck of the bladder, which are left perfect and intact throughout. Hence its result is to enable the male bladder to be examined almost as readily as that of the female in its natural condition, an approximation to which is attained by the operation. We will now suppose the result of such an exploration to have been, that the operator's finger recognizes the presence of a soft, protruding mass or flocculent growth springing from some part of the bladder. If brought within reach of the finger by supra-pubic pressure, it is easy to verify the nature of the peduncle, whether it be narrow or broad, together with any other physical characters which are obvious to the touch. The operator will next introduce a forceps, the extremities of which meet by broad, roughened edges, so that they nip off, without cutting, the greater part of the salient portions of the tumor."

Mercier, of Paris, has operated several times for the removal of the enlarged middle lobe of the prostate, but his incisions were those of lateral lithotomy. Thompson's operation seems much safer, and promises relief to many who were otherwise doomed to a life of almost constant torture.

The last form of the disease to which I shall direct attention is the cystitis, met with in men of advanced years, the result of enlarged prostate. The history of such a case is as follows: A man of sixty years or over is conscious of having to urinate more frequently than formerly, and usually there is some failure in freedom of expulsion. Suddenly an attack of acute retention comes on, for which a catheter is used. After a week or two he can make water about as usual, and fancies himself well. However, the frequency of urination increases, and if matters are allowed to continue he will pass his urine in spasmodic spurts every twenty or thirty minutes, night and day, necessitating the use of a urinal to protect his clothing and person from continual saturation with offensive urine. His complaint to the physician is, that he passes too much water. The total amount of urine in twenty-four hours may be much above the normal. Sometimes the urine contains albumen, the result of secondary kidney congestion. It always contains pus and mucus. The man is miserable, and can rest neither day nor night. If you direct him to pass urine he will do so, and assure you that the bladder is empty, but on introducing a catheter you will, on reaching the bladder, astonish him by drawing off from eight to twelve ounces of purulent urine. The enlarged prostate has lifted up the urethral orifice so that it is no longer the most dependent portion of the bladder. The urine is retained in this depression, and produces irritation and inflammation. Hypertrophy and sacculation quickly follow.

There is nothing in medicine or surgery more striking than the benefit derived from the frequent and habitual use of the catheter in these cases. Its introduction at bed-time will often give a few hours' sleep, which had not been enjoyed for a year or more. A Nelaton or soft rubber catheter is to be preferred when it can be made to enter. In some cases I have failed in passing it, but succeeded with an ordinary gum catheter. The instrument should have a bold curve, extending quite to the point, and will usually enter most easily if kept well up to the upper wall of the passage as it makes its way through the pro-



state. I have derived benefit from the injection every day or two of water containing borax, glycerin, and carbolic acid in the proportions of five grains borax, fifteen drops glycerin, and three drops carbolic acid to one ounce of water at 100° F. The carbolic acid blunts the sensitiveness of the mucous membrane, and the injection, if gently made, is very grateful to the patient. The ordinary catheter used to draw off the residual urine should be partly withdrawn, so that its point can not irritate the mucous membrane. Through this about an ounce of fluid may be slowly injected, allowing it to escape before repeating the operation. After the sensitiveness of the parts has been modified, an effort may be made to restore the dimensions of the contracted bladder by injecting as much fluid as possible without inflicting pain.

At the same time we may use ergotin in three-grain doses three times a day with the view of lessening congestion of the prostate. The bowels should be kept open by aloes, strychnia, and belladonna in combination. Saline aperients are hurtful in some cases because of their stimulating effects on the kidneys already in a state of congestion.

I advocate the early use of the catheter in all cases of enlarged prostate. It should be employed just as soon as we find that the patient is unable to clear his bladder by the natural expulsive efforts, because residual urine will excite cystitis to a certainty.

As a last resort it may be desirable even to perform cystotomy, in order to give a free outlet to pus and debris. The risks of the operation would be necessarily great; but if one should be fortunate enough to find a moderately enlarged middle lobe of the prostate, it might be removed after the plan of Mercier.

INDIANAPOLIS, IND.

ON THE ANATOMY, SURGERY, AND HYGIENE OF  
THE RECTUM.\*

BY JOSEPH EASTMAN, M. D.

The rectum is the terminal portion of the large bowel, extending from the sigmoid flexure to the anus, varying in length from six to eight inches. It is divided, for purposes of study, into three parts; the first, or upper portion, beginning where the sigmoid flexure ends, at a point opposite the left sacro-iliac junction, thence passing obliquely downward, from left to right, to the middle of the third piece of the sacrum, this portion being almost completely surrounded by peritoneum and connected to the sacrum behind by a portion of that membrane called the meso-rectum; and in this fold the terminal branches of the artery and vein are found. It is in relation behind with the pyriformis muscle, the sacral plexus of nerves, and the branches of the internal iliac artery of the left side, which separates it from the sacrum and sacro-iliac symphysis. In front it is separated, in the male, from the posterior surface of the bladder; in the female, from the posterior surface of the uterus and its appendages by some convolutions of the small intestines. The middle portion, closely connected to the concavity of the sacrum, covered by peritoneum on the upper part of its anterior surface, it is in relation in front, in the male, with the triangular portion of the base of the bladder, the vesiculæ seminales, and vasa deferentia; more anteriorly with the under surface of the prostate gland. In the female it is adherent to the posterior vaginal wall. This portion is about three inches in length, and extends to the point of the coccyx. The lower portion is about an inch and a half in length. It curves backward at the fore part of the prostate, and terminates at the anus. It has no peritoneal covering, and is invested by the internal sphincter, supported by the levator-ani muscles, and surrounded at its ter-

\* Read before the Indiana State Medical Society, May, 1883.

mination by the external sphincter muscle. In the male it is separated from the membranous portion and bulb of urethra by a triangular space, and in the female a similar space intervenes between it and the vagina. This space forms, by its base, the perineum.

The rectum, like other portions of the large intestine, has four coats; but differs from other portions in being cylindrical and not sacculated. It is narrower at its beginning than the sigmoid flexure, of which it is a continuation, and gradually increases in size as it descends; and immediately above the anus it presents a considerable dilatation capable of acquiring an enormous size. This is about what Gray has to say. "Sub-peritoneal pelvic tissue," says Savage, "fills up all that part of the pelvic cavity between the pelvic roof and floor of the pelvis which is not occupied by the viscera, and is the sole bond of union between them." "Below the meso-rectum loose cellular tissue abounds." (Holden.) This is why fistulous passages are so apt to burrow in this direction. Most of our anatomical authors are sufficiently descriptive of the integument, muscles, arteries, veins, nerves, and the viscera contained within the cavities of the body; but most of them fail to give the fascia and cellular tissue, "the packing," the prominence their importance demands. Their plates are sadly deficient in this regard.

These criticisms are applicable throughout the body. For example: How little is said of the formation of the palmar fascia, so potent in directing the course of pus along the sheaths of the tendons to the wrist. And they are especially in point with reference to the cellular tissue, "the packing," between the viscera of the pelvis.\* Here, by the elastic support it gives the organs, it has a most important physiological office. Certainly we have, in pelvic abscess, pelvic cellulitis, and urethral fistula, abundant evidence that it may become the seat of most serious pathological conditions. I hope ere long we shall have, in our anatomical works, engravings made from sections of frozen bodies, as they have been brought forward by Dr. Dwight, of Boston.

\* Here plate taken from Gray, page 869 (enlarged), was shown.

Then the fascia and cellular tissue will have a showing. Bearing on this point MacLise says, "The best substitute for nature herself, upon which to teach the knowledge of her, is an exact representation of her form. A picture of form is a proposition which solves itself; it is an axiom encompassed in a framework of self-evident truth. An anatomical illustration enters the understanding straight forward in a direct passage, and is almost independent of written language. How often, as we are about to perform a surgical operation, do we find ourselves reassured and self-reliant in proportion to our ability to conjure up before our mental vision a distinct picture of the structures with which we have to deal." How important then that anatomical illustrations should be true to nature, and not represent canals distended so as to crowd out of sight their elastic support.

Prof. Thomas, *Diseases of Women*, page 157, says: "In the living, and indeed in the dead body, the vagina never gapes, as represented in the diagrams of Gray and Wilson, and never so distorts itself, unless distended by some foreign body which separates wall from wall. It no more stands distended without some such influence than the urethra does when undistended by sound or catheter. The normal vagina is a closed canal. Its anterior wall rests directly on its posterior, and is supported by it."

Now what he says with such force about the vagina is equally applicable to the rectum, and to all other canals of the body, for that matter; and certainly a correct knowledge of the anterior wall of the rectum is to its surgery what the posterior wall of the vagina is to the surgery of that canal. The two are close together, the "packing" only intervening and uniting them so that if one is prolapsed the other goes down also. I have in the last year seen a case where there was rectal disease from want of perineal support.

Prof. Thomas, then, doubts the propriety of teaching by steel engravings that the vagina is always open, and it is my earnest hope that ere long other doubting Thomases will arise, and the widely distended rectum (in our standard text-books)



will be shown in its normal condition, closed by the contractability of its fibers and the spongy cellular tissue surrounding it. The anatomical plates from which students receive mental impressions so easily should show more fully "the packing" around the rectum, in which so many of its diseases find a lurking place. It is "the packing" around the spindles and cylinder that absorbs the debris produced by steam-pressure and friction from the melting tallow and life-giving steam of the engine. So it is the loose, spongy cellular tissue throughout the body which absorbs the poisonous products of the melting solids and life-giving fluids, and retains them, in many instances, until they undergo further decomposition, are absorbed, and give our patients that array of symptoms so appalling to the humane surgeon; for they speak of septicemia. Hence my objection to illustrations showing the cylinder without "the packing," when it is true that the supporting tissues play an important part in the diseases of the tube supported.

I know the question may arise, Is not the rectum a receptacle for feces, and always distended by the same? I reply, it ought not to be, and physiologically. As soon as the contents of the sigmoid flexure descend into the rectum, there is, or ought to be, at once a desire to evacuate the same; and if for any reason these parts are insensible to the presence of fecal matter, it shows a lack of tone which borders on or may result in disease; for, in a healthy condition, if the promptings of nature are not heeded, the fecal substance will be returned, by a reverse peristalsis, to its proper storehouse, the sigmoid flexure. Fecal substance bears the same relation to the rectum that urine does to the urethra.

O'Biern has demonstrated, by numerous explorations in the human subject, that under ordinary conditions the rectum is contracted, and contains neither feces or gas. Every surgeon knows that the finger can seldom reach any thing; but pass a tube up to the constricted opening between the sigmoid flexure and the rectum, and you find a discharge of feces and gas. A better knowledge of the anatomy of the rectum will lead to a more

perfect understanding of the physiology of defecation, and at the same time give us a practical idea as to the causes of some of the more frequent maladies in this region. The first act in the force of defecation is the passage, by peristaltic contraction, of the contents of the sigmoid flexure of the colon, through the slightly constricted portion of the bowel, into its dilated portion below. The fecal substance does not remain in this portion of the rectum; but, in obedience to the contraction of its muscular coat, it passes into the lower portion, assisted by the action of the abdominal muscles and diaphragm. The circular and longitudinal fibers contract, the former lessening the diameter of the tube, while the latter renders it shorter and more nearly straight. The internal and external sphincter present a certain amount of resistance to the discharge of feces, more particularly the external, which is much more under control of the will. The dilatation of the anus is facilitated by the action of the levator-ani muscle, which arises from the posterior surface of the body and ramus of the pubis, the inner surface of the spine of the ischium and the fascia between the two points, passes downward, and is inserted into the median raphe of the perineum and the sides of the rectum, the fibers uniting with those of the sphincter. By the powerful action of this voluntary muscle the anus is drawn forward, the sphincter relaxed, and the rectum more or less supported; the floor of the perineum is pressed outward, the anus dilated, and the sharp bend in the lower part of the rectum is brought more in line with the rest of the canal.

Any thing which disturbs the normal physiological processes here described may act as an exciting cause of a pathological condition. Usually the first step in the downward road which leads to an almost unfathomable amount of suffering and disease is a failure to heed the signal of nature that the bowels should be evacuated. A retention of fecal substance in the rectum (where it does n't belong), or its return by reverse peristalsis to the sigmoid flexure will, in either instance, cause irritation and congestion, which may result in hemorrhoids, abscess, fistula, irritable ulcer, etc. Thus, neglect of a duty we owe

nature may be, and often is, the first step in the highway of disease, leading to a point in life's journey where the physical no longer nourishes and regulates the mental, where reason fails to control temper, the individual often becoming disgusted with all mankind, himself included. Regular and unconditional attention and obedience to nature's demands should be given with more fidelity than a business man heeds a notice that his paper is to be protested in bank; for in the latter instance creditors near and far would rush in and destroy his financial hopes; whereas, in the former case, a liver, a stomach, a heart, a pair of lungs, or other viscera, having labored long and faithfully to ward off the approach of disease, subsisting meantime on blood poor in albumen and red corpuscles, are compelled to go into pathological bankruptcy when blood from which bile, gastric juice, and lymph are to be formed comes to their respective laboratories loaded with fecal juices absorbed from the rectum. Certainly the researches of Flint on the subject of rectal alimentation should teach us that substances retained in the rectum undergo absorption, if they are soluble; and if not, their mechanical influence is bad enough. A fecal accumulation, if insoluble, by its pressure retards the return of blood through and produces congestion of the hemorrhoidal veins, and the sphincter muscle, being put to extra duty in retaining the mass (like the biceps muscle of the blacksmith), becomes developed much out of proportion to the muscles involved in expulsion, and we have a most frequent source of chronic constipation. These inordinately developed sphincters have caused the use of purgative pills enough in the past, could they be showered from the skies, to maintain a hail-storm over the entire American continent for several days. Says Prof. Goodell: "If disease breed from bad drainage and defective sewerage from without the body, how much more from bad drainage and defective sewerage within the body. Excretions retained in the body ferment and decompose. The pestilential gases thus generated dissolve nerve-centers and paralyze the action of vital organs. Here cause and effect aid and abet each other.



Let us inquire into some of the causes of all this bad doing which results in the production of so much invalidism. "Probably," says Goodell, quoting from another author, "no single cause has had so much influence in producing the peculiar delicate condition for which women living in the country and in small towns in America are notorious, as the discomfort, inconvenient, and frequent repulsiveness," and adds, "indecent exposure of their closet accommodations." In the teeming tenement houses of our large cities there is usually but one closet, and that is invariably a cesspool, wet and foul, reeking with filth, poisoned by noisome stench, defiled by lewd couplets or by obscene cuts, indecent from their partitions and wide chinks, or from being pre-occupied by one of the opposite sex. Under such conditions what woman can avoid schooling herself into the habit of resisting the evacuation of her bowels? Further on he adds, in his own practical way, "Where in the country, and for that matter in cities also, is not to be found the privy made up of rough boards rudely spiked together, with cracks wide enough to destroy all privacy; with a door without a bolt, and generally hanging by one hinge; with crescent-shaped hole for a window; and with its sole article of furniture a barrel of rasping corncobs? When is it even sheltered from the rude blasts of winter, or not poisoned by noisome stench, acrid vapors, and unclean flies? After such an unsightly but truthful picture, can we wonder that the calls of nature are looked upon as grievous dispensations of Providence, hateful duties which are to be put off until driven to them by sheer necessity, which knows no law?" The title of doctor means teacher, and no feeling of delicacy should deter us from teaching, whenever occasion presents, that water-closets should be so arranged as to invite rather than repel.

Another cause of rectal disease, and one which, in my judgment, is not sufficiently dwelt upon by our authors, is a too hurried effort at defecation. And can we blame people for not remaining longer in such closets as Goodell has described? Some people, from hurry of business, others from habit, as soon

as seated to evacuate the bowels bring to bear all the power of the diaphragm and abdominal muscles. They have not the time to wait until involuntary and voluntary muscles relax, but rather force the fecal mass (often containing seeds of fruits with sharp edges) against the resisting involuntary sphincter. This inordinate *vis a tergo* as often retards as expedites the matter; for human muscle, like human character, resists force; and in the case of the muscles under consideration, if overwhelmed by violence, many times yield at last at the expense of their elasticity, the destruction of the tonicity of the hemorrhoidal veins, mucous membrane, and especially the areolar tissue, "the packing" which fills the space between them; and if the accumulation of days, weeks, or months is to be thus forced through the rectum, regardless of the physiological process I have described, serious results will follow.

Gynecologists are busy looking into dilated vaginæ for lacerations of the perineum and cervix uteri. They find them in all degrees, from a small fissure to extensive gaping lacerations, extending from the external os high up, even above the vaginal attachment. At no distant day obstetricians will dwell with emphasis on the bad effects of women bearing down to the full extent of the powers of the diaphragm and abdominal muscles before there is full dilatation of the cervix. They will place this as a cause, perhaps, the most to blame of all. If the rectal surgeon would use Sims's speculum (under ether) after some of these monstrous masses of feces have been forced away, they would, in my judgment, find lacerations just as often as those referred to by the gynecologist, and with a chain of sequelæ quite as bad.

There are many other causes of rectal disease; as, for example, dysentery, which is sometimes not the cause, but the result of carrying a large quantity of fecal substance, thus retarding the return of blood through the hemorrhoidal veins, and producing a congestion which results in a rectitis rather than a colitis;\* imperfect digestion, disproportion between the nitro-

\*The virgin uterus, which has a slightly forward inclination normally, may become permanently anteverted, as a result of fecal accumulation in the rectum.

genous and carbonaceous, especially the incomplete elaboration of the nitrogenous compounds by the liver; in short, any thing which disturbs the proper preparation of material for constructive assimilation, or retards in any manner destructive metamorphosis and elimination of the products of the same.

*Diagnosis.* Van Buren declares: "Accurate diagnosis in our profession is the unerring test of ripe scholarship and thorough education; and, of all the qualities of a physician, it is that which most certainly insures success in curing disease, and consequent reputation." "Imperfect diagnosis, in truth, is a very common fault, especially so, perhaps, in the class of ailments which we are studying; for their seat, in the decency of nature, is hidden away, as it were, in a recess of the body, and nature modestly is averse to their exposure. Moreover, our means of exploration had been, until recently, very defective, entirely insufficient to overcome satisfactorily the jealous sentinelship of the sphincter-ani muscle."

Surgeons have heretofore been too timid in their explorations of the lower bowel. Mr. Allingham says "he has (following the advice and practice of Prof. Simon) introduced his entire hand into the rectum, and saved lives by so doing. He cautions, however, that the hand should be small, and the patient fully relaxed by anesthesia."

In another place Van Buren declares that "the practical surgeon has experienced a want of full success in exploring the rectum with the speculum ani in general use. The sphincter-ani is a powerful muscle, and resists dilating power, except under the profound influence of chloroform or ether; and the use of the speculum ani, except under the anesthetic influence, generally occasions a great deal of pain."

Anesthesia then is a most valuable aid in rectal explorations. Under anesthesia with a Sims instrument\* we can see and at the same time introduce the finger by its side; and no bougie can compare with a good long, slender, well-trained finger. This

\*I mean an instrument that displays the walls of the rectum by distending with air, as Sims first demonstrated. This includes several by Simon, Van Buren, and others.

sentinelship of the sphincter is of vast importance, and the removal of this sentinel from duty by anesthesia and full dilatation will materially aid in diagnosis, and positively cure several serious diseases for which cutting the sphincter was formerly the remedy. Dilatation of vesical and anal sphincters has been the means of success in curing many diseases of the bladder and rectum otherwise unattainable.

In finding what is the real pathological condition in a given case of rectal disease, there are five things absolutely essential, good light, proper position of the patient (varying in different cases), anesthesia, a Sims speculum, and an abundance of patience and thoroughness. There are many patients who have undergone operations without cure because of the neglect of one or more of the essentials referred to. My experience furnishes abundant proof of this assertion. One fistula, where there are several sinuses, is often cut without anesthesia and left without after treatment. This not infrequently heals, while the remaining tracts continue open, and either form fresh outlets or call into use those which had been previously partially closed. Thus, I have known instances where a patient had been discharged as cured not less than three times.

"Irritable ulcer has been pronounced cancer, and the patient doomed to a miserable existence, a prey to quacks and pile specialists," when chloroform and a good "stretching" with a vaginal speculum would have performed a cure. Other instances might be given, but it is not necessary.

Why surgical authors continue to picture the almost worthless anal specula of the past, I can not understand, especially when Prof. Simon has demonstrated the expediency of introducing the whole hand and arm into the rectum, thus showing that its capacity is equal to that of the vagina. For my part, I should want no better set of rectal instruments than the specula and retractors of Prof. Simon intended for the vagina.

It may be asked, is there any danger of destroying the contractility of the sphincter? I answer, no, if we but recollect that human muscle, like human character, can be coaxed, not forced



to yield. Moreover, it is absolutely necessary, in order to cure some of the forms of rectal disease (fistula, for example), to get rid of the ceaseless activity of the anal sphincter; and I have in some cases of fistula kept it as quiet by a thorough stretching (under ether) and a subsequent packing of the rectum with cotton as I ever did by cutting.

In conclusion, I would urge—

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting power of Thomas and add one with it closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one third as much time be given to unloading the alimentary canal that they take in filling the same.

4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite, not repel. Health-boards should inspect every store, factory, and place of business, to see that clerks and employés, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

INDIANAPOLIS, IND.

## DEAFNESS AMONG SCHOOL-CHILDREN.\*

BY J. P. WORRELL, M.D.

I feel some hesitation in asking the attention of a body of physicians engaged in the general practice of medicine to a paper on diseases of the ear, for I share, with those who have much occasion to witness the little attention extended by the majority of physicians to this subject, the opinion that a lamentable indifference exists toward the diseases affecting the organ of hearing, and that scant consideration is likely to be awarded any communication on this subject. It is indeed one of the anomalies of medical practice, whose devotees are honored by their active interest in almost every matter that concerns the welfare of the human body, that an organ upon whose integrity depends the performance of a function of paramount importance to human happiness, and one which, if destroyed, cuts off from the intellect its most important avenue of communication with the outside world, an organ which, moreover, by its intimate relations to the vital organs, becomes not infrequently a menace to life, is almost entirely ignored.

For this, perhaps otologists are quite as responsible as those engaged in the general practice of medicine. Without discussing, however, where the responsibility should lie, allow me to express the hope that, in the light of the great progress being made in this department of medicine, all who hear me may experience a growing interest in this important branch of medical science.

There is to be considered in this connection, also, the attitude of the people toward the profession in relation to these diseases, growing out of the lack of interest shown by physicians, and the little effective aid which the latter have been accustomed to afford in cases of diseases of the ear. This has resulted in a lack of confidence in the resources of medicine to

\*Read before the Indiana State Medical Society, May, 1883.



produce any material benefit, either in preserving or restoring function, and a consignment of cases of diseases affecting the organ of hearing, especially in their earlier stages, to the care of domestic medicine. You, who are at all acquainted with the present resources of medicine in this department of practice, know that whatever grounds there may have been for this feeling in the past that they exist no longer, and that to-day no field of practice affords more gratifying evidence of the power of judiciously directed treatment to preserve and restore function and to arrest the sad consequences which neglected disease so certainly brings about.

To make this known to the public by disseminating correct notions regarding the ear, and insisting upon proper treatment in disease, are duties devolving upon us and calling for the same zeal and solicitude that are extended to other organs and their diseases.

I now invite your attention to the subject that I have selected for my present paper—that of the frequency of impaired hearing among children, as determined by tests made of the acuteness of hearing of school-children. Until recently no examination for such purpose had been instituted, and whatever estimates had been made of the extent to which aural disease exists were based upon conjecture only. The records of public institutions or private practice afford but little data upon which to base conclusions, as comparatively few of those having aural disease apply to the profession for treatment.

For the purpose of securing, therefore, more reliable data, tests have now been made by various observers of large numbers of children. Judging from the results of these examinations, we must conclude that we have greatly underrated the number of cases of aural affection. The proportion of defective ears is indeed startling, and gives an increased importance to diseases affecting this organ.

Weil, of Stuttgart, who examined five thousand nine hundred and five children in the schools of that city, representing all classes and ages, has published elaborate tables showing the

pathological conditions, as well as others setting forth the number of ears with impaired hearing, and degree of impairment. These tables are very valuable, but are too extensive to admit of introduction at this time, and any partial quotation would fail to give a correct idea of their thoroughness or of the results obtained. Concluding, from the result of his tests, that twenty to twenty-five meters is the normal hearing distance for a whisper in quiet localities, and marking none as hearing badly who can distinguish the whispered words over fifteen meters, he finds an unexpected number of defective ears.

Of the results obtained in the various schools, I select two as representing the extremes. One in which there were three hundred and twenty-nine children examined, fifty-three, or 16.1 per cent heard badly, while in the other over 30 per cent heard badly with one or both ears. These tables indicate that the younger children hear better than the older ones. One interesting fact is observed, in that the High College, with a high percentage of cases with slight defect, has only one boy out of the entire number of one hundred and twenty that has a high degree of impairment, he hearing at ten meters. Let me warn you against concluding that this indicates that the hearing of the individual cases has improved—spontaneous improvement of hearing is not so common. The true reason of this low percentage here is probably that suggested by the author, that the children having high degree of impairment do not pursue their studies into the higher classes.

One other observer, Reichard, of Riga, examined one thousand and fifty-five children with the watch, finding 22.2 per cent who heard it badly.

These results, as obtained in Europe, show so high a percentage that we are disposed to ask whether there are special causes to produce it, and whether in our own country, with different and possibly better social conditions, we might not find better exhibits. As yet we have no considerable numbers from which to draw conclusions. The only examination besides my own, of which I have any information, being those of five hun-

dred and seventy children of New York, made under the direction of Dr. Sexton, to whom I am under obligations in the preparation of this paper: of these children, only 13 per cent are recorded as hearing badly, a manifest improvement upon the result published of the German schools. These children represent, probably, also the humbler classes, among whom the percentage is likely to be high. We are, therefore, further encouraged to hope for better showing in this country than we find abroad. I think this difference, however, is rather due to the method of examining adopted, which would seem to require a higher degree of impairment before being marked as hearing badly. The plan employed by him was to have the teacher, with whose voice the pupil was familiar, make the tests. The child was placed twelve feet from the examiner, who, by raising and lowering the voice, determined the acuteness of hearing. By this method probably a lower percentage of defective ears is found than in the method pursued by Weil, in which the whispered voice was employed. Even, however, accepting the result as representing the correct percentage, we observed that it is high, and that there is a deplorable prevalence of aural troubles among our children.

Thus far I have given you the results of the labors of others in this line of investigation, so far as they have come to my own knowledge. I now ask your attention to the results of a series of examinations which I have instituted in the schools of my own city. As yet the number is not large, for I have not had time to complete my investigations. Those which I now present suffice, however, to furnish a contribution to the study of this subject.

In making my tests I used the whisper, modulating it according to the size of the room, determining the necessary force by the ear of the teacher, who is placed at the position afterward to be occupied by the children under examination. The child is then placed at her side, in the corner opposite the examiner, with one ear covered by the hand while the other is being tested. The presence of the teacher encourages the child,

and enables her to satisfy herself that the tests are reasonable, and that the results accurately determine the condition of the hearing. The child then repeats the simple words or sentences uttered by the examiner. When these are not heard at the full distance the examiner advances, until the words, repeated with unvarying force, are heard and repeated by the child. If the child hears at less than normal distance, the relative acuteness is established by finding the ratio between his hearing distance and the normal distance. Thus, with voice modulated for forty feet, if it be heard only ten feet, the hearing power may be marked as one fourth of the normal.

The rooms in which my tests were made give a distance of thirty-seven feet between examiner and child. The school selected for these tests is situated in a quiet, healthy neighborhood among a prosperous people, affording children that, in regard to health and hygienic surroundings, are quite up to the average. The school is divided into ten departments, with age ranging from six up to fifteen years, and contained at the time of my examination three hundred and ninety-one children. Among the children there is always a large number with manifestly impaired hearing, reaching, perhaps, as high as fifty per cent. Among Weil's tables I find some schools ranged as high as seventy-five per cent. At any rate it appears that less than one half have typically perfect hearing. Notwithstanding this fact, in my examinations none are marked impaired until I find it necessary to step forward to a greater or less distance in order to be heard. .

According to my tests, made after the manner above described, I obtained the following results:

Individuals having both ears impaired, . . . . .	56
Individuals having one ear impaired, . . . . .	<u>42</u>
Total, . . . . .	98
Percentage of whole number examined, 25.	

Taking only those who may be said to have comparatively high degree of impairment we find:



27 ears that hear from 16 to 20 feet inclusive.

22    "    "    "    11 to 15    "    "

24    "    "    "    6 to 10    "    "

4 ears that hear 5 feet, 1 hears 4 feet, 11 hear 3 feet, 1 hears 2 feet, and 1 hears 1 foot.

Had two ears, having the worse deafness, occurred in the same individual, it would have been thought impossible for the impairment to have been overlooked, and yet we find that, with one exception, none were known by the teachers to have impaired hearing. As the hearing of the individual depends upon the acuity of his better ear, the following records will be interesting: With the better ear, hearing distance not above fifteen feet, there are nineteen individuals. Then there is one with acuteness of the two ears three feet and five feet respectively. Another hears at three feet with each ear, while another hears at one foot with one ear, and at four feet with the other.

The last one—though hearing with the better ear an acuteness of four feet, thus being better than the one whose record immediately precedes—was the only one known by the teachers to be deaf, and this arose from the circumstance that the boy had recently had scarlet fever with unmistakable symptoms of ear disease. In this connection let me refer to some observations made by Weil as to the frequency of impaired hearing after this disease. He examined a school of about eight hundred and fifty pupils, of which one half had had scarlet fever, and discovered among those who had had the disease a somewhat smaller percentage of impaired ears than among those who had not suffered from that disease. So far as I have had opportunity to make similar inquiries his results are confirmed. Of course, we should find, if the examinations were made among a sufficiently large number, that scarlet fever adds its quota to the aggregate, but we learn from these figures what I believe will be confirmed by further study, that too much importance has been given to scarlet fever as a factor in contributing to the number of diseased ears. The amount of attention given to this disease as a cause of impaired hearing is owing rather to the sad and extremely disastrous results in

exceptional cases than to their frequency, and is altogether out of proportion to its actual importance as a causative factor in aural disease.

One more remark, and I am done with this school. It seemed to me that those children with high degree of deafness were among the older ones in the department to which they belonged. At my request the average age of the pupils and the respective ages of those with high degree of impairment were furnished me, and, from the comparisons which I made, I infer that deaf children are so retarded in their studies that they are compelled to remain in a lower grade at an age at which other children are transferred to a higher one.

I have also examined one hundred children in St. Ann's Orphan Asylum. Here I was able to make ocular examination of the tonsils and ears, and obtain the children's history. From the data thus obtained interesting deductions may hereafter be made. At present I would again call particular attention to the fact that the attention of the teachers, or the pupils themselves, had not, as a rule, been called to the condition of the ear.

Children examined, . . . . .	100
Both ears impaired, . . . . .	16
One ear impaired, . . . . .	11
	<hr/>
Total, . . . . .	27

Of this number but two were supposed to be deaf, though in fact there were five with very high degree of impairment in both ears. Of thirteen who reported having had earache at some time, four had impaired hearing; of sixteen who had had scarlet fever, three had slight impairment, and nine with deafness give a history of otorrhea, leaving eleven who had no recollection of any symptom referable to the ear. If to these we add the four who had had earache, but who suspected no diminution of their hearing, and the three scarlet-fever cases, which were all only slightly impaired, and unrecognized, we have eighteen in all who had not thought seriously about the condition of their ears.



From this examination of four hundred and ninety-one children we learn that deafness is much more frequent than is generally thought. We observe also that the slighter degrees of impairment, if unaccompanied by obvious disease, are uniformly overlooked, while even those with high degrees of impairment are known only in exceptional instances. When one ear only is defective, it is but by the veriest accident that the individual is made aware of his condition. My observations also give ground for believing that the children with high degree of impairment are usually among the older children, as already mentioned. It is a point of some practical importance to observe that, in consequence of the fact just stated, they occupy that part of the room where the highest seats are found, usually the back part, where the evil results of their defect will be most sensibly experienced. I need not suggest the propriety of seating the children with respect to the impaired hearing, and by special attention in other ways to compensate the child in some degree for the disadvantages under which he labors. This implies that the defect should be known, and for this purpose I would urge that a test of the hearing of the children be required at the beginning of every school term. This may easily be done by the teacher herself after the method already described. If this be done, numerous cases of supposed dullness or inattentiveness will disappear, and be reported in their true place as cases of deafness.

It is doubtless a surprise to you, as it is invariably to teachers, that so many unsuspected cases of deafness are found; but it is easily explained by the fact that the ordinary tone of voice is much louder than necessary for the normal ear to hear, and that if any slowness in comprehending what is said be noticed, it is the custom to refer it to concentration of mind, heedlessness, willfulness, or other mental state.

It will be a great boon to these children if the true cause of this listlessness and dullness be discovered. Under the most thoughtful management they are placed at great disadvantage and do not benefit by the instruction given in the school as do

those with unimpaired hearing. This results in their obtaining low averages, and retention in the lower grades. Ultimately discouraged they quit school before reaching the higher grades.

It is not the purpose of this paper to enter into discussion of the special forms of disease or their treatment; but I can not permit to pass this opportunity of urging physicians to make a test of the hearing in every case of pain in the ear; also whenever they find any throat affection; for in this latter trouble, particularly when there is enlargement of the tonsils, impairment of hearing is extremely frequent. Let them regard these frequent and trifling affections more seriously than they are accustomed to regard them, and they will have the happiness of preserving more ears than their utmost efforts in cases of scarlet fever could do.

One more thought regarding the cases found in my examination, and I am done. It will stimulate your interest to know that of these, probably a great majority could have their hearing entirely restored, or greatly improved; some after somewhat prolonged treatment, and many doubtless by a single treatment. It is not necessary to enter further into this phase of the subject, for if you take sufficient interest to interfere in behalf of any of these afflicted you will readily find the way to acquaint yourselves with the methods of treatment. To arouse such interest, has been the object of this paper, and any success in promoting this end will amply reward me for my labor spent.

TERRE HAUTE, IND.

## Reviews.

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**A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs.** By SAMUEL W. GROSS, A.M., M.D., Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College of Philadelphia; formerly President of the Pathological Society of Philadelphia; Author of a Practical Treatise on Tumors of the Mammary Gland; Fellow and formerly Mütter Lecturer on Surgical Pathology in the College of Physicians of Philadelphia; Fellow of the Academy of Surgery of Philadelphia, etc. Second edition, thoroughly revised, with sixteen illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883. 8vo. Pp. 176.

Something more than two years ago the first edition of this book was given to the profession, and now comes the second edition, in the preface to which the author announces that the previous large issue being exhausted he is induced to revise his work and send forth the present edition in obedience to a professional demand. The work has been received with marked favor, and is worthy of it, as there is embodied in its few pages a clear portrayal of certain serious lesions of the reproductive organs of the male, and the recent and most approved methods of treatment. It is a matter of some moment to interested parties to have this instruction presented in compact form and clear and perspicuous style, disconnected from the consideration of all other ailments, and to this status Dr. Gross has brought his little work.

The first chapter is on Impotence, and opens with the author's adhesion to the views of Lovén that the erection of the penis is due to active dilatation of the arterioles of the cavernous and spongy bodies, and not to a nerve stasis of blood produced by constriction of the veins. The whole subject of impotence is

treated of under the heads of Atonic Impotence, Psychical Impotence, Symptomatic Impotence, and Organic Impotence.

Sterility is the subject of the second chapter, and it has three phases—AzoöspERMISM, Aspermatism, and Miremission.

The fourth chapter is devoted to Spermatorrhæa, and the fifth and last to Prostatorrhæa.

The author gives proper consideration to the work of other writers, but in most instances teaches the doctrines he has verified in his own experience. He reports thirty-five cases in a concise and explicit manner to illustrate points that he desires to make prominent, and he succeeds in being clear and intelligent. Perhaps a practitioner of large experience might fairly claim that Dr. Gross's book carries with it the idea that these cases of disorder of the male sexual organs of which he writes give the competent medical man less trouble in their management than such experience will warrant; but as this is a condition common to most medical books of a practical character, it should not be raised as a special objection to this volume. J. F. H.

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**A Treatise on Therapeutics, COMPRISING MATERIA MEDICA AND TOXICOLOGY, WITH SPECIAL REFERENCE TO THE APPLICATION OF THE PHYSIOLOGICAL ACTION OF DRUGS TO CLINICAL MEDICINE.** By H. C. WOOD, M.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania; Physician to the Philadelphia Hospital; Member of the National Academy of Science, etc. Fifth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. 1883. 8vo. Pp. 740.

When any one, about to engage in a task of moment, gives evidence that he not only has a clear perception of the end he is seeking to attain but also that he measures with substantial accuracy the difficulties he has to surmount in reaching his goal, they may be counted as the best harbingers of profitable success. This merit Prof. Wood disclosed to a marked degree. He recognized that "the shelves of private and public libraries

are groaning beneath their ever-increasing loads," and that "there are a number of excellent treatises upon *materia medica* and therapeutics," and yet his duties in the lecture-room and ward of the hospital, as well as his efforts at original research, made him keenly feel that something more was wanted. In seeking to find this something he admits that the twenty centuries of historical medicine has furnished but little else than empiricism, or, if it be a softer phrase, clinical experience, as the foundation of therapeutics, and that he must gather his grain by still further gleaning the same field, frankly acknowledging that "it is evident that this is not a new path, but a highway already worn with the eager but weary feet of the profession for two thousand years." Where a therapeutic fact has been established, tested, and found without blemish by empiricism, it is as valuable as if obtained by direct scientific experimental investigation, but, the author asks, "What has clinical therapeutics established permanently and indisputably? Scarcely any thing beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep." "Experience is said to be the mother of wisdom. . . . In the past there is scarcely a conceivable absurdity that men have not tested by experience, and for a time found to be the thing desired; in the present, homeopathy and other similar delusions are eagerly embraced and honestly believed in by men who rest their faith upon experience. Narrowing our gaze to the regular profession and to a few decades, what do we see? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions and contradictions of the past, listening to the therapeutic Babel of the present, is it a wonder that men take refuge in nihilism, and, like the lotus-eaters, dream that all alike is folly, that rest and quiet and calm are the only human fruition?"

Notwithstanding these great measures of chaff, the author recognizes that there are small measures of grain hidden in the



mass, and it is the task he undertakes to separate the one from the other. While acknowledging both the errors and the value of clinical-experience therapeutics, he asserts his faith in the good that has lately come and in the promise of the more that is to come from experimental pharmacology, and this in spite of Niemeyer's assertion that experiments made with medicaments upon the lower animals or on healthy human beings have, as yet, been of no direct service to our means of treating disease.

The general plan of the work is to treat of drugs first, and then of remedies that are not drugs—forces, caloric, and electricity—and these are followed by a brief appendix on the art of prescribing. An introduction of eight pages gives an outline of the author's intentions and a catalogue of definitions. In speaking of things that may modify the effect of any management of the ailing, the author presents this: "Idiosyncrasies seem at present to be beyond law. They are often very remarkable, and a knowledge of them is most important for the practitioner. Thus a relative of the author's is thrown into the most alarming fainting-fits by eating even so much butter as would be ordinarily used as a dressing for vegetables at dinner."

Drugs are classified by their clinico-physiological qualities, and while the description of the drug itself is short it is sufficient, and the therapeutic value of it is clearly set forth according to the author's views.

As the reader would expect, from Prof. Wood's detailed ideas above, there are many departures from the conventional method of prescribing remedies and of the estimated value of their effects, and this should be esteemed a leading merit of the book, and with other good qualities should commend it as one of the best of its class.

There is a full general index and an equally full index of diseases wherein the medicines applicable to the relief of each disease named are enumerated under it.

The publisher has issued a good specimen of his art.

J. F. H.



## Clinic of the Month.

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PICRIC ACID AS A MEANS OF DISTINGUISHING ALBUMEN FROM PEPTONE.—George Johnson, M.D., F.R.S., writes, in the British Medical Journal, as follows:

Among the few objections which have been raised to the use of picric acid as a test for albumen in the urine, is the statement that it forms a precipitate or coagulum with peptone, which is indistinguishable from that which it gives with albumen. If this statement were in accordance with facts, and if peptone be ever found in the urine, the use of picric acid as a test might be a source of confusion. The attention of my son and myself having been directed to this subject, we find that nothing can well be easier than to distinguish the precipitate which picric acid forms with albumen from that which it gives with peptone. We have experimented in the usual way, both on peptonized white of egg and on fiber of meat. The white of egg and meat fiber respectively were digested for some hours at a temperature of from 90° to 100° Fahr. in water acidulated with hydrochloric acid, and mixed with Bullock's pepsina porci. The liquid was filtered, and freed from the small amount of albumen which it was found to contain by boiling and a second filtration. We thus obtained a clear liquid peptone, which was coagulable neither by heat nor by nitric acid. On the addition of a saturated solution of picric acid there was an abundant gelatinous precipitate of peptone, *but this precipitate was immediately and completely redissolved by heat below the boiling point, and re-formed on cooling.* Further, we found that the peptone precipitated by picric acid was completely dissolved by the addition of a few drops of nitric acid. Here, then, we have two simple and certain tests, by means of which albumen may be distinguished from peptone. The coagulated albumen, which is thrown down by picric acid, is always rendered more opaque and coherent by heat, and is insoluble in nitric acid; on the contrary, peptone which is thus coagulated is readily dissolved both by heat and by nitric acid. The use of picric acid as a test, therefore, so far from tending to the confusion of albumen with peptone, will be found to be the simplest and most effectual means of distinguishing these two compounds, and even of separating them from

each other when they co-exist in the same liquid. If the mixed precipitates formed with picric acid are heated, and then placed on a warm filter, the dissolved peptone will pass through, while the coagulated albumen remains on the filter.

Another means of separating dissolved albumen from peptone is that before referred to—viz., coagulating the albumen by heat, and then separating it by filtration.

It has been asserted that peptones occur in the urine. This may be a fact, but with our present knowledge of this subject I feel some doubt as to the truth of the statement. My conviction is that if it ever occurs it must be a rare and exceptional phenomenon. Within the last two years, during which, at the suggestion of my son, I have used picric acid as a test for albumen, I have tested with it some hundreds of specimens of albuminous urine; and although I have not always applied heat to the urine after adding the picric acid solution, I have done so in a large proportion of cases, and in not one single instance have I found that the precipitate formed by picric acid has been either wholly or partially redissolved by the application of heat, but, on the contrary, it has invariably been rendered more dense and opaque. In almost every instance, when I have not heated the specimen after coagulation by picric acid, I have added nitric acid to another portion of the same urine, and have thus shown the presence of albumen, except when the amount of albumen present had been too small to be detected by the nitric-acid test—most of these being the urines of convalescents from acute albuminuria in which, shortly before, the presence of albumen has been indicated by heat and nitric acid. Now, since peptone is not coagulable by nitric acid, it is clear that when the urine is found equally coagulable by nitric and by picric acid, the case is not one of peptonuria. And I infer that among these numerous cases there has not been one in which the urine has contained peptone.

It would seem *à priori* probable that peptonuria would be as rare a phenomenon as the so-called chyluria. This, however, is certain, that, with the modifications of the picric acid test to which I have referred, there can in future be no difficulty in detecting peptonuria when or if it does occur, or of distinguishing it from the far more common condition, albuminuria.

It has been customary of late to speak of various kinds of albumen; but this surely is not the language of scientific chemistry. There are various albuminoid bodies (such as, for instance, fibrine, casein, etc.) but, of albumen, there is but one kind, whatever may be its source.

The albumen which is found in the urine is a derivative of blood-serum, and is always one and the same, although its behavior with re-agents will differ in accordance with the state of combination and of admixture in which it exists. Thus, albumen in alkaline, or in some neutral urines, is not coagulable by heat; and, again, the presence of a small quantity of a mineral acid, or a larger quantity of a vegetable acid, results in the formation of an acid compound of albumen in which no amount of boiling will cause coagulation. The common practice of adding acetic acid to urine before applying heat is likely to mislead by the formation of such an acid compound not coagulable by heat. A small quantity of albumen, therefore, often escapes detection by this fashionable but fallacious method of testing. On the other hand, picric acid has not only the advantage over heat and nitric acid of being so sensitive that it will indicate the presence of albumen in a specimen experimentally diluted beyond the point where the other tests fail to detect it, but it acts equally well in acid, neutral, and even in alkaline urines; for, although the coagulation of albumen by picric acid is prevented by caustic alkalies, I have not once, in examining some hundreds of specimens, found it necessary to acidulate the urine before adding the picric acid. Another advantage of the test is, that it consists of a single cheap substance, which is not liable to undergo chemical change by being kept either in a solid form or in solution; and, without making seemingly invidious comparisons with other tests which have recently been recommended, this, at any rate, may be said of picric acid, that in its action it is singularly free from sources of fallacy. In fact my estimate of the value of picric acid as a simple, certain, and most delicate test for albumen in the urine has risen in proportion to my increasing experience of its efficacy. I confidently predict that it will soon come into general use; and one good result of the common employment of so trustworthy a test will be, that the next generation of practitioners will see fewer cases of incurable degeneration of the kidneys than daily come under our notice at the present time. For the history of a large proportion of these cases is, that some ten, fifteen, or it may be twenty years ago, there was an acute affection of the kidneys with albuminuria, which was supposed to have passed away; but the complete freedom of the urine from albumen was not ascertained by trustworthy and frequently repeated tests. The recovery was incomplete; an unsuspected latent disease has been insidiously making progress, until at length some of the many distressing results of degeneration of the kidneys bring the patient again under

medical observation, when it is only too obvious that, not only have the kidneys in the course of years become incurably diseased, but that many other organs and tissues have become involved in the morbid process. There is, then, little more to be done than to watch the progress of the disease to its inevitably fatal result.

The calamitous results to which I have referred may, in a large proportion of cases, be prevented by the careful watching and treatment of recent cases of albuminuria, with a determination on the part of the practitioner that the patient shall not be declared convalescent until the most delicate available test fails to detect the smallest trace of albumen in the urine at any period of the twenty-four hours, and for many successive days.

It can not, in my opinion, be too emphatically declared or too generally known that, while a fraction of a grain of saccharine matter per ounce is a normal constituent of all urines, the smallest trace of albumen is abnormal and pathological; and, if permanent, it has in it the germ of future trouble, and, it may be, of irreparable disaster.

THERAPEUTIC MEMORANDA—NITRITE OF AMYL AND NITRO-GLYCERINE IN UREMIC ASTHMA.—Dr. A. Sheen (*British Medical Journal*), speaks of nitrite of amyl and nitro-glycerine in uremic asthma as follows: "The brief notes I give below illustrate the value of nitrite of amyl and nitro-glycerine in one of the sudden and distressing, though perhaps rare, phases of chronic Bright's disease, viz., uremic asthma. Nitrite of amyl, acting, probably, through the vaso-motor nerves, relaxes the arterioles, and thus reduces blood-pressure. As it is very volatile, on the score of economy and convenience, I always carry some of Martindale's capsules in my bag, and these are very handy for immediate use. Nitro-glycerine is said to have much the same action as nitrite of amyl, and, according to Dr. Mahomed, its great superiority over amyl lies in its gradual and more lasting effect, and the more convenient manner of prescribing it, and it can be taken regularly two or three times a day, or oftener, one minim of a one-per-cent alcoholic solution, being the usual commencing dose. It is also made up in chocolate tablets, each containing one hundredth part of a minim; but its action when given in this form is not so rapid as that of the alcoholic solution.



" M. P., aged 55, retired from business May 4, 1882. He had been ailing for two weeks, but had been about. He had noticed swelling of his legs toward night for two months, and his face had swollen occasionally for the last month. He had always been careless of his health, and if he got wet, an event which happened not infrequently, he would never change his clothes. He was taken suddenly ill in the evening while out walking, about a mile from home, and had to be taken home in a cab. On visiting him at 10 A.M., I found him sitting up in bed, gasping for breath, countenance distressed, and of a sickly, pallid hue. Pulse feeble; temperature 98°; tongue pale and sodden; expectoration frothy, with some little blood intermixed; moist râles over whole chest, back and front; urine abundant, clear, containing one fourth of albumen. At 2 P.M. I found his condition and posture unchanged; he could only speak a few words before he had to stop for breath. He inhaled three minims of amyl (a capsule broken in a handkerchief). Within a few minutes his breath was easier, and he was able to recline in bed, for the first time since the attack came on, before I left the house. I then put him on nitro-glycerine, one hundredth of a minim thrice a day.

" May 5th. He was lying easily in bed, breathing quietly, and expressing himself as feeling quite well; he said he was only waiting till I came before he got up. I cautioned him unavailingly that his life hung by a thread, and that he could only hope to continue it by the strictest obedience. On the 6th he still remained in the same improved condition. The next day he refused to take any more medicine, but promised to stay in the house, a promise which he did not keep. On the 16th he had another attack, and died quietly within thirty-six hours, the urine being loaded with albumen.

TREATMENT OF FLOATING KIDNEY BY FIXATION.—We are informed that Dr. David Newman, of Glasgow, has performed for the first time in this country the operation of nephroraphy. The operation was performed in the following manner: The

kidney was exposed by a vertical incision in the right loin, immediately external to the outer edge of the quadratus lumborum, and extending from the lowermost rib to the crest of the ilium; the capsule of the kidney was opened, and stitched to the edges of the wound; and two catgut sutures were passed through the cortex of the kidney, the muscles, fascia, and skin, and secured externally by buttons. The patient suffered from severe symptoms, and was treated for several years without success; but, since the operation, the symptoms have entirely disappeared, and she has now almost recovered from the effects of the operation, which was performed three weeks ago. (British Medical Journal.)

PURULENT PERICARDITIS TREATED BY PARACENTESIS AND BY FREE INCISIONS, WITH RECOVERY.—By Samuel West, M.D., in the British Medical Journal.

A boy, aged sixteen, had a large pericardial effusion. The symptoms became so urgent that paracentesis was performed. Pus was obtained. Three days later paracentesis was again performed, and subsequently the pericardium was laid freely open, evacuated, washed out, and a drainage-tube inserted. The temperature never rose, and the boy recovered completely in five weeks, the only feature of interest being an attack of general urticaria, which came on about a week after the operation, and lasted three or four days. In support of the diagnosis, a case of Sir J. Risdon Bennett's was referred to, in which what was supposed to be mediastinal cyst was frequently punctured, but proved to be on *post-mortem* examination a case of chronic pericardial effusion. The points of clinical interest discussed were: (1) The absence of any special signs to indicate the nature of the effusion; there was no friction to be heard before the operation, or mill-wheel sound characteristic of hydro-pneumo-pericardium after the free incision; (2) The operation (which was by preliminary puncture by a small trocar and cannula, and subsequently by free incision), and the place selected for puncture, viz., the fourth intercostal space, immediately below the left nipple; (3) The amount of the fluid evacuated, viz., fourteen ounces by the first tapping, and about two quarts by the free incision; (4) A peculiar epigastric prominence, noticed before paracentesis, which disappeared after operation; (5) The attack



of urticaria; (6) The pulsus paradoxus, which was constant up to the time of the free incision, but ceased immediately after that. A short account was then given of the only other recorded case of incision of the pericardium for purulent pericarditis by Professor Rosentein, of Leyden, which also recovered.

THE STATISTICS OF PARACENTESIS PERICARDII. — Samuel West, M.D., writes to the British Medical Journal on this subject as follows :

The history of the operation was briefly related from its first suggestion by Riolan in 1649. Its practical introduction was traced to Dr. Rovers, of Barcelona, who operated successfully in two cases in 1819. In 1841 there was a remarkable series of cases in an outbreak of scurvy in Russia, in which the pericardial effusion was composed mostly of blood. Nine were operated upon and six recovered. In 1854 Trousseau's essay was published upon some cases of his own and of M. Aran, which revived interest in the subject. In 1866 Dr. Clifford Allbutt introduced the operation to this country, and it was performed by Mr. Wheelhouse and Mr. Teale. Rosenstein, in 1871, made a great practical advance in operating by free incision with drainage. A complete list of the recorded cases up to date was given in a tabular form, with the addition of several cases hitherto unpublished, making seventy nine cases in all. Of these, fifty-six had been in males, for which no reason could be assigned, and they had been uniformly distributed over the early ages of life. Phthisis and pleurisy had been associated with twenty-three cases, rheumatism with eleven, scurvy with nine, general dropsy with five, injury with three; in twelve cases there had been no associated disease. The fluid had been in fifty-eight cases serous, in twelve purulent, in nine bloody. The amount evacuated had been in forty-six cases less, in thirty-three cases more than a pint. It was not rare to evacuate as much as two or three pints. The largest quantities had been found in the scorbutic cases, and from one of these about ten pints had been evacuated. It had been sometimes observed that great relief was given by the withdrawal of one or two ounces, and that this had been followed by the absorption of the rest of the fluid. Dieulafoy's careful experiments had led to the selection of a place in the fifth left space, about an inch from the sternum, as the safest point for puncture. The following conclusions were drawn: (1) Paracentesis pericardii is not only justifiable, but an operation which may be safely undertaken with ordinary precautions, for only one case is recorded in which the opera-

tion was in itself fatal, and, with this exception, all the patients were greatly relieved by the removal even of small amounts of fluid, and many recovered completely who would probably have died had the operation not been performed. (2) The most suitable place for puncture is, in ordinary cases, in the fifth left intercostal space, one inch from the edge of the sternum; but if the pleura be adherent, the puncture may be made safely much further out, and even in the sixth space. (3) The instrument employed should be a trocar and cannula, with or without aspiration. (4) The operation may be performed with advantage, not only in the pericardial effusions of rheumatic or primary origin, but also in those which occur in the later stages of general dropsy, if it should appear that the fluid in the pericardium is adding to the difficulties under which the heart is placed. (5) Purulent pericarditis is best treated on general principles, like empyema. (6) The pericardial sac may be safely opened and drained. (7) This treatment, moreover, appears to be the only one which offers the slightest hope of recovery. (8) The results do not seem to be as unfavorable as those of empyema, for the walls of the cavity are better able to contract rapidly, and thus permit its complete obliteration.

PAINFUL CONGESTION OF THE LIVER IN THE EARLY STAGES OF ALCOHOLISM.—But little has been written concerning the early stages of hepatic disease in hard drinkers. The symptoms at this time are insignificant, or at any rate are not troublesome enough to disturb the equanimity of persons that are not habitually solicitous about their health. Dr. Mathieu was led to examine the liver carefully in a number of patients who already presented some of the early signs of alcoholism. In no instance was there any subjective symptom of hepatic disorder, yet there was always an increase of liver dullness of about one inch above the normal. There was at same time some tenderness on pressure. In the majority of cases examined there was also a slight enlargement of the spleen. The author regards this enlargement, combined with tenderness on pressure, as indicative of a congestion bordering on inflammation. It will in time pass into true inflammation, which may, according to circumstances, assume the form of general hepatitis or of one of the varieties of chirrrosis. (The Medical Record.)

THIRTY CASES OF ACUTE GOITRE TREATED SUCCESSFULLY BY THE EXTERNAL APPLICATION OF THE BINIODIDE OF MERCURY OINTMENT.—Surgeon-Major Albert A. Gore, M.D., of Dublin, reports in *Dublin Medical Journal* the following: "This affection is uncommon among European soldiers serving in Bengal, only two or three cases of ordinary bronchocele appearing in the returns from year to year. Its occurrence has been attributed, as is well known, to a variety of causes, of which impure drinking-water is the oldest—as old as Hippocrates. It seems certain, from evidence produced by French observers, that it may be produced in this way in from eight to ten days, but evidence equally strong seems to prove that it may occur epidemically with an absolutely pure water-supply. In the above cases it certainly occurred with a very pure water-supply. The patients affected were all soldiers of the thirtieth regiment, of which I was in charge—at a military station in the Kumaon Hills, six thousand feet above sea level, where ordinary goitre is endemic among the inhabitants. Two Indian physicians of repute have attributed its origin in these hills to very different causes. One, Dr. McClelland, thinks that it is largely in excess in the limestone districts, whilst Dr. Macnamara says that, when occurring in the hills, it is due to malaria. The latest theory advanced by Dr. Woakes, that the point of departure in the morbid process is a paresis of the vaso-motor nerves which mediate the vessel area constituted by the thyroid gland, was not then before the profession. Dr. Mouat, of Bengal (*Indian Annals of Medical Science*, 1857), was the first to notice specially the value of the use of biniodid of mercury in combination with the rays of the sun in the cure of goitre. His practice was to use the mercury as an ointment of the strength of three drams to a pound of lard; a portion was rubbed in an hour after sunrise, the patient afterward sitting with his goitre well exposed to the sun as long as he could endure it. After this a fresh layer of ointment was carefully applied, and in ordinary cases a single application was sufficient. Of the value of this treatment in India there can be no question.

The disease in most cases commenced as a soft swelling of generally the right lobe of the gland, gradually spreading and becoming somewhat indurated. Frequency of pulse and palpitation were not observed. In the early months of the stay of the regiment at Buxa the disease often occurred in an acute form, several men presenting themselves at hospital on the same morning, and stating that the goitre had come on during the previous fortnight. The native soldiers term the disease gheza, and attribute its origin to the hardness of the drinking-water, the characters of which have been noticed already. The treatment generally lasted from three to six weeks, two applications of the red iodide-of-mercury ointment (sixteen grains to the ounce) being in most cases found sufficient, together with the administration of Lugol's iodine tincture.

In the Indian Medical Gazette for January, 1879, are given three cases, by Mr. T. E. Hall, the first occurring in the person of a young married lady, at Madras, in which the gland steadily enlarged from shortly after marriage, apparently coincident with impaired health and irregular, scanty menstruation and anemia, but which was readily cured by the local application of the biniodide-of-mercury ointment, applied freely with an ivory spatula, and afterward exposed for ten minutes to the heat of a small pan of live coals, with the result of a well-blistered surface. This is a very good plan during the rain or when the sun is obscured. The second case occurred in a Bengalee—anemic; was of two years' growth, without any well-marked cause. The swelling disappeared entirely after the third application of the ointment, and had not reappeared in two years. The third case was of long standing and of the cystic variety, and was not so favorably affected.

I knew of only two cases occurring among European women—one the wife of the school-master, born in Derbyshire. She had a uniform and well-marked goitre of late growth. Immediately after her confinement it disappeared without treatment. The other, wife of a supervisor of works, very anemic and in feeble health, owing to having several children in quick



succession. In her the disease was cured by the local application of the red iodide-of-mercury ointment. I have observed that the duration of the treatment varied according to the systematic manner in which it was carried out. When the ointment was properly rubbed in and the goitre sufficiently well exposed to the sun it was the more quickly cured.

THE NEW TREATMENT OF GRANULAR LIDS BY JEQUIRITY.—Dr. Standish, of the Massachusetts Eye and Ear Infirmary, reports, in *Boston Medical and Surgical Journal*, thirteen cases in which he used this drug. He says:

The drug is prepared for application by putting the freshly-pulverized seeds into cold water, and allowing them to macerate for twenty-four hours, then filtering, and the preparation is ready for use. Our first preparation was made according to the first prescription of Wecker, which was three grams of the seeds to one thousand grams of water. This preparation was used on three cases, but entirely failed to produce any result. The next preparation used was according to Wecker's second prescription, ten grams to five hundred grams of water. This was the form in which the drug was used in nine of the cases. In four of the cases the preparation was made by digesting ten grams of the drug for five hours, exposed to the air with just enough water to cover the powder, and then placing it in five hundred grams of water, allowing it to remain for nineteen hours, and filtering. The preparation was freshly made for each case. The method of application was to paint the outside of the lids thoroughly with the above preparation, using a small camel's-hair brush for that purpose, and then everting the lower lid and carrying the brush rapidly across it two or three times. This was done three times a day. A separate brush was used for every patient. The patient was kept in a dark room during treatment, and as long afterward as seemed necessary. After the applications were discontinued no further treatment of any kind whatever was given. The first application was always at night.

Deductions made from so small a number of cases are of course not absolutely to be depended upon, but nevertheless they have a certain amount of real value. In appearance the cases at their acme resemble in all external particulars a case of ordinary purulent ophthalmia, but it will be noticed that in order to maintain this con-



dition stimulus from repeated applications of the wash is necessary, and that as soon as these are omitted all symptoms, both local and constitutional, immediately begin to subside. The same control can be exercised to a partial degree by reducing the strength of the wash. This is a quality of the greatest importance, as it enables us, if the symptoms are becoming exaggerated, to check the progress of the inflammation immediately. From this fact, danger to the other eye from inoculation is very slight, as there would have to be repeated inoculations to produce any effect. This is well illustrated in the reported cases, as in seven of them it was used in one eye only, and no precautions were taken to prevent such an accident, and yet in no case did it appear, which certainly is far from the every-day experience with purulent ophthalmia. From the time of the discontinuance of the applications, the recovery is apparently progressive until the conjunctiva is quiet and smooth. The principal symptoms, which seem to be most grave, and which appear to indicate a reduction of the strength of the wash or a discontinuance of the treatment before the usual number of nine applications is made, are continuous pain in the eye, spreading over the forehead, and an edema of the upper lid, together with chemosis sufficient to make pressure on the cornea. In four cases where these symptoms were prominent, the results were not as good as in other cases, except in one case where the wash was reduced to one half strength on the second day. It would seem, also, that the treatment needs to be pushed up to the production of the constitutional symptoms, as prescribed in the notes. In one case where this was not done, there were a few granulations remaining, although they were apparently shrinking in size when the patient was discharged. This treatment of granular lids seems to be appropriate at all stages in which the palpebral conjunctiva is in a highly vascular condition, with perhaps this single exception: In cases where the granulations are sufficiently large to cause marked fullness of the lid, this, together with the superimposed edema, seems to make the application of the conjunctiva of the upper lid to the globe of the eye sufficiently tense to prevent the influence of the wash extending over the whole lid, as well as irritating the cornea with its pressure.

With this treatment danger to the cornea necessarily presents itself for serious consideration. In none of these cases did any corneal application occur during treatment, that is, while the applications were being made, but in five of the cases there supervened in from three days to three weeks afterward either slight ulcerations of the cornea or an increased vascularity. The result in none of these

cases has been serious, but they serve to direct attention to what may be an important fact, namely, that three of the five had previously experienced burns or some accident to the eye, and one case had previously exhibited a tendency to serious corneal ulceration. There was no history of an accident in any of the other cases. Another factor that may have had an influence on these cases was that in three of them the third preparation mentioned at the commencement of this article was used, which I so prepared on the theory that the infusoria in the wash caused the inflammatory action; whether this is true or not, this wash certainly produced a much more violent inflammation than the other, and in the only other case in which it was used it was necessary to dilute it very materially. This latter case did well. With a close attention to the symptoms, as before stated, and an avoidance of these classes of cases, I think we may have no fear of corneal complications. • In advocacy of this treatment, it may be safely said that in two thirds of the cases the result was highly satisfactory; that more was accomplished in three days of active treatment and ten days to two weeks' rest, than is commonly the case by three months' active treatment in cases of similar character by the usual methods. • The patients themselves testified to the relief they experienced from it by requesting the same treatment in the other eye when only one had at first been treated.

That it is a specific is not claimed, but of the fact that it is a step in advance there can be no doubt.

CONTUSIONS OF THE BRAIN AND SPINAL CORD.—Dr. John A. Lidell, late surgeon to Bellevue Hospital, New York, in an elaborate practical paper on this subject, in the July number of the *American Journal of the Medical Sciences*, discusses the clinical history, diagnosis, prognosis, and treatment of this large and very important class of injuries. While much is said in our text-books on the subject of cerebral concussion—of its dangers and of its importance—but small if any mention is made of the contusions of the brain which so very often complicate the concussions, and impart to them whatever of gravity, be it much or little, that they may chance to possess. And still less mention is made of the contusions of the spinal cord. No wonder, then, that bruises of the brain-structure and of the spinal-cord substance occur much more frequently than is generally sup-

posed, that the relationship which exists between these injuries and concussions is not well understood, and that the bruises of these organs often escape even all suspicion during life.

That slight or even moderate concussions of the brain sometimes, perhaps not infrequently, occur without being complicated with contusions of the brain, Dr. Lidell does not doubt. Contusion of the brain is, therefore, he believes, not synonymous with concussion of the brain; but, at the same time, all the evidence now collected tends to prove that the severe instances of cerebral concussions are always complicated with cerebral contusion. Concussion of the brain, however, derives its chief importance from the fact that it is very often associated with contusion of the brain; and, in examining a case of cerebral concussion, the question of most importance for the surgeon to decide is whether or not cerebral contusion is also present.

These are points of doctrine which practically have much interest for patients as well as practitioners, because of the influence they are likely to exert in the direction of procuring a correct diagnosis and, consequently, a wise treatment; for, in the disorders of no other parts of the body is it more true that an accurate diagnosis begets a wise plan of treatment than in those of the brain and spinal cord.

REPORT OF EIGHT CASES OF COXALGIA IN WHICH ELEVEN OPERATIONS OF SUBCUTANEOUS OSTEOTOMY HAVE BEEN PERFORMED IN THE CHILDREN'S HOSPITAL, PHILADELPHIA.—In a paper in the July number of the *American Journal of the Medical Sciences*, Dr. H. R. Wharton records eight cases of coxalgia followed by marked deformity, in which eleven subcutaneous osteotomies of the femur were performed. The results obtained were most satisfactory, not only as regards the immunity from danger in the operation, but also as regards the correction of the deformities and restoration to use of comparatively useless limbs.

The amount of constitutional disturbance following the operations was insignificant, as little, or even less, than that which follows a simple fracture of the femur; in no case was there

excessive hemorrhage at the time of operation, nor did there follow in any case marked febrile reaction or suppuration; the wounds healed as ordinary tenotomy wounds, and by the end of the first week were generally found entirely closed, so that further dressings could be dispensed with.

The facility with which the wounds healed in these cases can only be explained by their subcutaneous character, for, although by the operation a compound fracture of the femur is produced, it must be remembered that the original puncture, which is made down to the bone by Mr. Adam's knife, is small, and that when the saw is introduced and cuts the bone, the wound is entirely filled by its shank, by blood and by dust from the sawed bone, so preventing the admission of air to the deeper parts.

The results of reported cases bear strong testimony to the general safety of the operation, and there is no doubt that the selection of proper cases, and care as to the position at which the section of the bone is made, will render this operation one of the safest in surgery.

The paper concludes with a full and careful discussion of the various details of the operation.

**CORROSIVE SUBLIMATE AS AN ANTISEPTIC.**—Since Koch's experiments (Boston Medical and Surgical Journal) upon the power of antiseptics, the efficacy of corrosive sublimate as a germicide has led to its quite extensive use as a surgical antiseptic.

Dr. H. Kümmell has described at some length the experience with it in Schede's Clinic. Although at the time of his paper they had been using it for several months in wounds of all sorts, and in patients of all ages, no cases of poisoning had occurred. In two cases of feeble old men slight salivation followed its use, but this quickly yielded to treatment. This immunity from toxic effects seems to be due to the great dilution of the solutions used. Of these there are two: one containing one part of corrosive sublimate to one thousand parts of water, and the other containing one part of corrosive sublimate to five thousand parts of water. The only ill effect of the sublimate



solution is that it roughens in the hands of the surgeon or dresser. Kümmell says "the sublimate solution, which is itself without smell, does not irritate the wounds, puts a stop to secretion, and disinfects in a short time foul discharges."

Sublimate gauze and wadding are made by soaking gauze or absorbent cotton in a solution containing

Alcohol, . . . . .	4490 parts.
Glycerine, . . . . .	500 parts.
Corrosive sublimate, . . . . .	10 parts.

It is then wrung out, and when dry is ready for use.

Sublimate sand is extensively used in Schede's Clinic. To prepare this, ordinary clean sand is heated in a crucible to destroy all organic matter, and then impregnated with a solution of corrosive sublimate in ether, of which enough is used to deposit on evaporation one dram of sublimate in every pound of sand. This sand thus prepared is poured directly into the wounds. In one case of resection of the hip the cavity was filled with a kilogram of the sand. Outside of it an absorbent bent dressing is applied to catch the discharges filtering through the sand. For absorbent dressings, glass wool, so called, is used in Schede's wards. This is very fine spun glass, soft enough to be made into cushions like oakum. Glass thread woven or braided into strands is used for setons. Silk, when used, is soaked for two hours in a one-per-cent sublimate solution. Catgut has not yet been successfully prepared, the trouble being that it dissolves too readily. Carbolic acid is still retained for the spray and for soaking the instruments.

NOTE OF DISINFECTANTS.—Dr. W. E. Buck writes: Most practitioners must have often realized the inefficiency of disinfectants in allaying the fetor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fetor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride,



chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fetor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap. (British Medical Journal.)

PRESENCE OF BACILLUS TUBERCULIS IN AN ABSCESS NEAR THE ANUS.—Dr. Robert C. Smith writes: Six months ago, a young clerk, aged twenty-one, came under treatment for hemoptysis and other signs of phthisis. After about three months' treatment he became strong enough to resume his employment, at which he continued up to the commencement of this month. I saw him on the fifth, when he was suffering acutely from an abscess in the neighborhood of the anus; and, fearing lest it might burst into the bowel and give rise to a painful blind internal fistula, I opened the abscess at once and let out a quantity of thin, curdy, fetid pus. A microscopic examination of this fluid by a half-inch object-glass, after the usual process of staining, revealed the presence of great quantities of well-marked typical tubercle-bacillus. Now, the presence of these organisms in this situation is interesting, as they tend to throw some light on the well-known connection between fistula and phthisis. (British Medical Journal.)

AMPUTATION BELOW THE KNEE-JOINT IN PREFERENCE TO "BRISEMENT FORCE" OR RESECTION IN CERTAIN CASES OF DEFORMITY WITH ANCHYLOSIS.—Dr. Lewis H. Sayre, of New York, gave an address before the Surgical Section of American Medical Association, illustrated by two cases, in which he took the following grounds: "Certain cases of diseases of knee-joint un-

less treated with proper extension and counter-extension, result in more or less deformity, consisting of flexion and laxation of the leg backward. In this position the limb may become solidified or fixed. If the ankylosis is fibrous it can be broken up, and frequently results in the use of the limb and the use of the joint. If the solidification is bony and the limb of the same length as the other V-section through the angle of the deformity, an operation should be performed, and the limb straightened and ankylosed in this position. But in those cases where the disease of the joint has taken place in early life and resulted in bony ankylosis and deformity, the limb below the joint grows much more slowly than the other, and, as after V-sections through the bone the limb does not grow, by the time the patient reaches adult life it becomes so short as to be practically useless. In these classes of cases amputation below the knee-joint is preferable when performed by a modification of Professor Smith's amputation at the knee-joint, Dr. Sayre preferring to saw through the head of the tibia rather than disarticulate at the joint. He also exhibited several photographs showing the condition of the stump seventeen days after the operation completely healed, with the cicatrix entirely behind, and not subjected to the pressure of an artificial limb, as well as the limb applied in the standing and sitting posture."

GAULTHERIA IN RHEUMATISM.—Dr. Flint said, in the New York Medical Journal, that Dr. Alexander, one of the house physicians at Bellevue Hospital, furnished him the following statistics with regard to the use of gaultheria in that institution in cases of acute articular rheumatism. Of thirteen cases thus treated, of which the histories were given, one patient contracted pneumonia after the cure of the rheumatism, and died in the hospital; a second one remained in the hospital, at the expressed wish of the commissioners, some time after cure of the remaining eleven cases; the longest duration of the disease in any one case was fifteen days, and the shortest two days. The average length of time that the eleven patients remained in the hospital

was a fraction less than five days. These figures would seem to point to rather better results from the drug than those which were ordinarily obtained from salicylic acid. The oil of winter-green was the preparation used, and it was administered several times a day in ten-drop doses in flax-seed tea, which made it less disagreeable to the taste and to the stomach. In some of the cases the alkaline treatment was employed at the same time with the gaultheria. Dr. Ball remarked that Dr. Kinnicut had used the oil of gaultheria in a number of cases of acute articular rheumatism in St. Luke's Hospital, and with even better results than those mentioned by Dr. Flint. The drug was administered in milk, and was less disagreeable when taken in this manner than salicylic acid or salicylate of sodium. Dr. Ball thought that the action of the medicine was like that of the two latter.

THE TREATMENT OF THE FRACTURES OF LONG BONES.—Dr. Jas. R. Taylor, of New York, presented a paper to the Surgical Section of the American Medical Association, in which he spoke of fracture of the femur, which he treats with a saddle made to fit into the perineum, whereby he believes he secures the most perfect comfort possible by any apparatus used for the purpose of counter-extension. This little saddle is held in position by a strap running to the head-board on each side, thus securing the patient in an immovable position. By plaster extension secured to a screw arrangement in the foot of the bed he can produce any desired degree extension of the limbs by simply turning the little screw at the foot of the bed, the chief advantage of the whole apparatus over all other instruments being the little saddle on which the patient sits, as it were, with comfort, he claims, rather than misery, as in most other methods. The author announced himself as positively opposed to the old method of using stones and other suspensory weights to produce extension of the limbs, and then turned his attention to the treatment of fractured ribs. He brings the broken ends into place by raising the arms over the head, an original method by

which he claims there is no trouble in adjustment. They are then held in place by a band of adhesive plaster around the body.

TO STOP HICCUGH.—Dr. Martin Burke writes, in *Medical Record*: "Perhaps the narrative of these two cases may prove of interest. J. C. was suddenly seized with an attack of hiccough. The cause was unknown. All the usual remedies were tried in vain. Dr. John Burke, my father, was then called upon. Noticing the convulsive heaving of the patient's ribs, more particularly upon the left side, he firmly compressed the side between his two hands, and in a short time the hiccough ceased for the first time in days. Mr. C., aged thirty, was attacked, first with vomiting, and then with hiccough most violent and convulsive. Morphine suppositories would produce sleep, but even in sleep the hiccough was distressingly severe. As his vomiting had now ceased, almost every remedy known was called to our aid, but it was not until we had compressed his heaving ribs that the hiccough almost instantly ceased. It returned indeed within twenty-four hours, but compression again arrested it.

TO DISGUISE THE ODOR OF IODOFORM.—Dr. Andrews, of Staten Island, N. Y., writes to the *Medical Record* that cumurin will disguise the unpleasant odor of iodoform. Cumurin, a derivative of the Tonka bean, is an anhydrate of cumuric acid. It disguises the odor of iodoform more effectually and permanently than do other drugs with which we are familiar, nor does it form, when incorporated with iodoform, lumps of powder which are slow to dissolve. The minimum amount of cumurin which I have found sufficient to disguise the odor of iodoform is three grains of the former to one dram of the latter.

CHANCROID TREATED BY RESORCINE.—According to Leblond et Fissiaux, resorcine, dissolved in twice its weight of water, offers an inodorous and efficient substitute for iodoform in the treatment of venereal ulcers.

## *Notes and Queries.*

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THE UNIVERSITY OF LOUISVILLE.—The Trustees of the Jefferson Medical School of Philadelphia, having tendered to Prof. Parvin, of the University of Louisville, the Chair of Obstetrics recently made vacant by the resignation of Prof. Wallace, he has accepted the place, and will remove to Philadelphia early in the fall. This step was necessarily followed by the resignation of Dr. Parvin in the University, where he has lectured so acceptably to the classes of this institution. He will take with him to his new and larger field of labor and usefulness the very kindest wishes, not only of his colleagues and the classes whom he has taught, but of countless friends both in and out of the profession. We commend our distinguished friend to the Faculty in Philadelphia, and bespeak for him the same hearty welcome and generous appreciation which has characterized their treatment of the many other superior writers and teachers whom Philadelphia has drawn at various times from the South and Southwest—a field from which we may be permitted to add, “though much is taken, much abides.”

The vacancy made in the Faculty of the University was at once filled by the Board of Trustees by the transfer of Prof. Ochterlony from the Chair of Materia Medica, Therapeutics and Clinical Medicine, to that of Obstetrics and Diseases of Women and Children.

Prof. Ochterlony has been so long before the profession as writer and teacher, in both which fields he has such well-earned reputation, that it is unnecessary to speak of him in this connection. It may, however, be just to the friends of the University to add that for many years past his daily work in the line of his present chair has been very large as practitioner and



consultant. Both the Trustees and Faculty believe that a better man for the place it would have been difficult to find.

The regular session of the institution will open on the first Monday in September. Prof. Bodine, the Dean, informs us that the prospects for a large class were never better.

AMERICAN MEDICAL ASSOCIATION.—The thirty-fourth annual meeting of the American Medical Association was held in Cleveland, June 5th, 6th, 7th, and 8th. Dr. X. C. Scott, chairman of Committee of Arrangements, called the meeting to order and introduced Dr. John L. Atlee, the distinguished Pennsylvanian, as the President of the Association. President Atlee in turn introduced Gen. Edward S. Myer, who delivered a cordial address of welcome, after which came the President's address. The address consisted of reminiscences of the early medical life of Dr. Atlee, told in a delightful manner. When he began his studies, sixty-eight years ago, there were only six medical colleges in the country, one each at Philadelphia, New York, Baltimore, Harvard, New Haven, and Lexington. Among the teachers at this time in Philadelphia, of whom the venerable president gave personal descriptions and happy anecdotes, were Dr. Caspar Wistar, Dr. Nathaniel Chapman, Dr. William P. Dewees, Dr. Hugh L. Hodge, Dr. John K. Mitchell, Dr. Syng Physick, Dr. Joseph Parrish, Dr. George McClellan, Dr. George B. Wood, Dr. Isaac Hays, and others.

Dr. Atlee had something to say in regard to the code of ethics. Above all things, he said, ever strive to maintain the honor and dignity of the profession; let no selfish or mercenary consideration deter you from observing the laws laid down in our noble Code of Medical Ethics.

The concluding words of the address were words of cheer and encouragement to the good physician. He said; "One word more and I have done, and I say it chiefly as a word of encouragement to the younger among you. At the close of a long life, one devoted unreservedly to the study and practice of medicine, I will say that, notwithstanding its uncertainties, its

fatigues, its anxieties, its bitter disappointments, I am completely satisfied that in no other career can a man more fully accomplish his whole duty to God and to his fellow-men; so that when life here is ended it can be truly said of him as—be it said with all reverence—was said of Him whom we all should imitate, *pertransivit benefaciendo*, He went about doing good."

Dr. N. S. Davis presented the report of the trustees of the new Journal. The report showed that pledges of subscription to two thousand and five hundred had been received, and the trustees had decided that the journal could be published without financial loss to the Association.

Resolutions were adopted ordering the publication of a weekly journal, to be called the *Journal of the American Medical Association*, in place of the published Transactions. Dr. N. S. Davis, of Chicago, was chosen editor of the new Journal, and A. D. Newell & Co., of the same city, publishers.

The address on Medicine was delivered by Dr. J. A. Hollister, of Chicago, and related to the progress in medicine, physiology, and materia medica during the past year, and especially to microscopy.

The address in Obstetrics was by the chairman, Dr. Bartlett, of Milwaukee, who reviewed Emmett's, Battey's, and Tait's operations, and discussed the use of ergot and anesthetics in labor.

Dr. W. F. Peck, of Davenport, Iowa, read the address in Surgery. He spoke of the new instruments and the new operations, comparing the present with the past. He also touched upon the subject of Listerism in Surgery, giving some of its failures and successes in private practice and in the English army.

Dr. Foster Pratt, of Michigan, delivered the address on State Medicine. One important fact brought out in this address was, that attention to public health in England during the past seven years has increased the average length of life of males two full years, while in females the increase has been three and a half.

Many other practical and interesting papers were read, which we presume will soon appear in the *Journal of the Association*, the first number of which will be published in July, 1883.

Dr. S. D. Gross offered a resolution recommending the establishment of training schools for nurses in every county in the States and Territories.

Dr. S. Pollock, of St. Louis, offered a resolution in regard to revision of the code. A motion to lay the resolution on the table was carried almost unanimously, showing that the Association at the present time did not wish to consider the question.

The Committee on Nominations presented the following report, which was adopted:

*President*—Austin Flint, sr., M.D., of New York.

*Vice-Presidents*—R. A. Kinloch, M.D., of Charleston, S. C.; T. B. Lester, M.D., of Kansas City, Mo.; A. L. Gihon, M.D., of U. S. Navy; and S. C. Gordon, M.D., of Portland, Maine.

*Treasurer*—R. J. Dunglison, M.D., of Pennsylvania.

*Librarian*—C. H. A. Kleinschmidt, M. D., of Washington.

*Place and Time of Meeting*—Washington, on the first Tuesday in May, 1884.

*Chairman of Committee of Arrangements*—A. Y. P. Garnett, M.D., of Washington.

*Assistant Secretary*—D. W. Prentiss, M.D., of Washington.

*Chairmen of Sections*—Practice of Medicine, J. V. Shoemaker, of Pennsylvania; Obstetrics, T. A. Reamy, of Cincinnati; Surgery, C. T. Parks, of Illinois; Ophthalmology, J. J. Chisholm, of Baltimore; Diseases of Children, Wm. Lee, of Indiana; State Medicine, J. D. Roberts, of Tennessee; Oral Surgery, T. W. Brophy, of Illinois.

AMERICAN SURGICAL ASSOCIATION.—The fourth annual meeting of the American Surgical Association was held in Cincinnati, May 31st and June 1st and 2d, with the president, Prof. Samuel D. Gross, M. D., in the chair. Dr. Gross, having once been a resident of Cincinnati, felt at liberty, in calling the Association to order, to extend to the members a cordial welcome to the Queen City in a few local medical reminiscences, and thereby stole some of the thunder of Prof. P. S. Connor, M. D., who afterward in his laconic style bid them a hearty welcome.

After reading of the minutes by the secretary, Dr. J. R. Weist, Dr. Nancrede, of Philadelphia, read a paper entitled "Have we any Therapeutic Means, as proved by Experiment, which directly affect the Local Process of Inflammation?"

This paper was founded on a series of experiments conducted upon the web of a frog's foot. Traumatic inflammation of the frog's foot was produced, and then local blood-letting was resorted to, and markedly relieved the inflammation. Blood-letting in general is advocated, but special attention is paid to local abstraction of blood to relieve local inflammation. An abstract of Dr. Nancrede's conclusions is, (1) During the stage of dilated arteries, with increased rapidity of the current, there is but little danger of capillary changes with exudation; and here perhaps ergot, and certainly arterial sedatives, do good. (2) *After* stasis has occurred, with weakening of the heart's action and a diminished volume of the current, bleeding will only do harm. (3) The objects desired and secured by local blood-letting are removal of blood on the venous side and lessened force of circulation, although there is increased rapidity. (4) Arterial sedatives in the latter stages are usually inadmissible, except as succedanea to blood-letting. *After* blood-letting, sedatives lessen intravascular pressure, and thus relieve pain. The paper was discussed with a good deal of vigor and difference of opinion.

Following Dr. Nancrede came Dr. B. A. Watson with a paper on "Lister's System of Aseptic Wound-treatment versus its Modifications."

Lister's treatment, he said, is based upon the following conditions: (1) The continued exclusion from wounds of all living germs, or the prompt destruction of the same in those cases where they have gained admission, thus preserving in the wound an absolutely aseptic condition until it has healed. (2) Complete and uninterrupted approximation of the wound surfaces. (3) The avoidance of all irritation or any disturbance of the wounded parts. These three points constituted the text, the principles of which were well maintained, although opposed in the discussion by several.



At the afternoon session Dr. John H. Packard reported a case of re-amputation at the hip-joint for osteo-myelitis, with hemorrhage on the sixth day, which necessitated ligation of the common iliac artery. The patient recovered, the ligature separating on the twentieth day.

Dr. T. G. Richardson presented a paper of much interest on "An Anomalous Case of Profunda Aneurism," and exhibited the specimen for examination. In this case Esmarch's bandage was applied and failed, and then ligation was tried, and eighteen months afterward thrombosis occurred, followed by gangrene, amputation, and death.

Dr. Richardson also read another paper on "The Use of the Trephine in Traumatic Empyema, associated with Thoracic Fistula."

The second day Dr. S. D. Gross read a paper on "The Value of Early and Late Operations in Surgery."

The importance of early operations was emphasized, for the reasons, (1) The less risk of shock and hemorrhage; (2) the more effectual riddance of the diseased structures; (3) the diminished probability of septicemia or blood-poisoning; (4) the avoidance of unsightly scars; (5) the less risk of recurrence of morbid action, either at the seat of operation or in other parts of the body. Dr. Gross said that the local origin of morbid growths is now generally admitted; but a hereditary tendency to the development of such neoplasms was recognized, not only as regards malignant, but also in benign growths, as in warts and sebaceous cysts. "All morbid growths are developed directly or indirectly under the influence of inflammatory action, the result of external injury, or, as is more frequently the case, of some mechanical obstruction, causing in the first instance congestion of the part, and this in turn incited action and inflammation." In cases of doubtful diagnosis he recommended to seek consultation early, for the reasons given above. Extirpation should be done not only early, but thoroughly. In cases of advanced carcinoma do not meddle, except to remove an ulcerating mass and substitute a clean wound.



We have only space to name the titles of other excellent papers read, by Dr. Basil Norris, U. S. A., on "Dislocation of the Astragalus;" "Excision of the Tarsus," by Dr. P. S. Connor; "Trephining of the Sternum for the Removal of a Foreign Body, with the Report of a Case," by Dr. S. Marks; "Some Questions with Reference to Intra-capsular Fracture of the Femur," by Dr. E. M. Moore; "Fracture of the Neck of the Femur, with Special Reference to Bony Union after Intra-capsular Fracture," by Dr. N. Senn; "A New Operation for Permanent Closure of the Jaws," by Dr. J. Ewing Mears; "A Case of Nephrectomy for Medullary Carcinoma, and Partial Cholecystectomy for Calculus in the same Subject," by Dr. S. W. Gross; "Removal of Meckel's Ganglion for Trifacial Neuralgia," by Dr. Vanderveer.

The following were recommended for fellowship: Dr. H. K. Steele, of Denver; Dr. Herbert Judd, of Illinois; Dr. Thos. M. Markoe, of New York.

The officers elected for the ensuing year were: President, Dr. E. M. Moore; first vice-president, Dr. W. W. Dawson; second vice-president, Dr. C. H. Mastin; secretary, Dr. J. R. Weist; treasurer, Dr. J. H. Packard; recorder, Dr. J. Ewing Mears; member of council, Dr. P. S. Connor.

The next place of meeting will be in Washington City on the Wednesday preceding the meeting of the American Medical Association.

*My Dear Dr. Yandell:*

I promised you that on my return from the South I would give you a few *points* gathered during my absence. These mainly pertain to yellow fever and what is termed in the South malarial hematuria. I became acquainted with some dozen or more physicians, and got a *point* from the most of them. But few of them *agreed* on any one particular thing. The nearest approach they made in this respect was in the use of calomel and in the belief that yellow fever is contagious. Dr. Stone, of Washington County, Miss., believes yellow fever prevails by

contagion from person to person, but thinks there must be local conditions to favor development. He gives calomel in sixty-grain doses, aided with oil, if necessary (the main object being to unload the *prima via*), mustard emetics and foot-baths; promotes perspiration with infusions of linseed, orange leaves, and green tea. He regards calomel as the sheet-anchor in the treatment of hematuria, and uses it in purgative doses.

Dr. Anderson is satisfied that yellow fever prevails by contagious germs, favored by local conditions. He is not particular about using mercury over other laxatives, but thinks it necessary to purge. Does not think quinine essential, and condemns excessive perspiration. Whenever the disease assumes a remittent or intermittent character, quinine is indicated. Does not believe in over-medication; treats mostly by expectant plan. Diet to be fluid, nutritious, and in small quantities. In hematuria uses quinine and calomel, the latter in ten-grain doses until free action of bowels. Quinine he uses mostly hypodermically; applies mustard freely. He has treated many cases of intermittent fever with the muriate of pilocarpin in one-tenth-grain doses hypodermically. He uses the remedy from fifteen minutes to three hours before the expected paroxysm, and has arrested the chill in some cases after it had set in. He finds it unnecessary to give quinine to prevent a recurrence of the disease. He also uses pilocarpin in the treatment of tonsillitis, asthma, and mumps. He thinks its good effects in these diseases the result of its action on the salivary glands and affected mucous membranes.

Dr. Stockherd believes that yellow fever spreads by contagious or infectious germs, but thinks there must be favorable local conditions for its development. Regards calomel and quinine as the best remedies.

Dr. Dunn believes yellow fever spreads from contagious or infectious germs. He commences the treatment with a calomel purge and mustard emetic, then diluent drinks, favoring action of skin; also uses dry cups and turpentine stupes to the spine; good ventilation, and great care in diet during convalescence.

In hematuria gives a calomel purge and quinine hypodermically. Dr. Tombs also believes yellow fever to be contagious and that it spreads by means of germs. His treatment does not vary materially from that of others.

The foregoing-named physicians reside in Washington County, Miss., some in Greenville, and some in the country. I talked with several others of Greenville, who entertained about the same views respecting yellow fever. Dr. Ray, of Grenada, a very intelligent man, president of the county board of health, is doubtful about the origin and spread of yellow fever. He practiced in the terrible scourge of 1878 in Grenada, where he had cases he could in no wise trace to exposure. Thinks the disease not contagious but infectious. Has but little faith in prophylactics. The season during the epidemic referred to was dry and unusually hot, the temperature averaging from 75° to 80° in the morning and 96° to 98° in the afternoon, from 25th July to 1st October, with only two light showers of rain. The filth and long-accumulated debris of the streets was removed only a few days before the disease appeared. His treatment is much the same as that of others.

Dr. Semmes, of Canton, president of the county board of health, noticed in 1878 as early as June severe cases of remittent fever made their appearance, and in July that disease became very prevalent, and serious apprehensions were felt that an epidemic of yellow fever was imminent. These cases of remittent simulated yellow fever very closely in their characteristics. The weather was excessively hot. The first case that was pronounced to be yellow fever could not be traced to exposure. It gradually spread over the town. Persons going to the country did not, in many instances, communicate the disease to those with whom they domiciled. He believes it is indigenous and contagious, unless we can think local causes existed at some of the plantation houses (which I believe to have been the case). He thinks there is a close relationship existing between it and malarial fever. He found in its treatment that calomel, podophyllin, and quinine produced decided

amelioration in all cases within eighteen hours, and in many cases decided remissions occurred, even in those of well-pro-nounced type. His experience in the use of prophylactics was very limited. Two nurses who had nursed many of the worst cases during six or seven weeks took during that period fifteen to twenty grains quinine daily. They both escaped with very light attacks. One other person took quinine daily during the entire epidemic, and had the disease in a very mild form. It seemed to make no difference with regard to susceptibility, but all agreed that the disease is less manageable, as well as more fatal, in dissipated persons. Women are not so susceptible as men, and children still less than women. He found negroes much less susceptible than whites, and the disease much more manageable, many getting well without treatment. Some are of the opinion that after the disease becomes epidemic it makes but little difference as to sanitary surroundings, the affluent being as liable to attack as the poor. All agree as to the utter uselessness of disinfectants. Nothing seemed to check the disease but cold weather or the want of material. As a rule, when yellow fever made its appearance in a town, a general stampede of those who were able to get away ensued. Of those who remained but few escaped. Sudden changes in atmospheric temperature proved deleterious to the sick. A second attack of the disease was not uncommon.

After spending two weeks in Mississippi I visited Crittenden County, Ark., and made the acquaintance of some half dozen physicians. They had had but little experience in the management of yellow fever. In the treatment of hematuria Dr. Erby uses hyposulphite soda with fluid extract buchu and ergot. His prescription consists of:

R Soda hyposulp., . . . . .	gr. xxx;
Fl. ext. buchu, . . . . .	℥j;
Fl. ext. ergot, . . . . .	℥ss.
To be taken every three hours.	

He also uses tinct. ferri chlor. as a tonic. The hyposulphite is used as a substitute for quinine. The doctor reports many



cases relieved by this treatment. It is well enough that the physicians of Kentucky should know something of the treatment of hematuria, as it occurs in the malarial regions of the South, and with which we may sooner or later have to contend. It has only been within the last eight or ten years that we have had to treat what is known as typho-malarial fever, which is now of quite common occurrence. In this disease we may have hemorrhage from the bowels, stomach, nose, and womb. I have treated cases of this disease with all these varieties of hemorrhage. I regard them all as dependent, more or less, on congestion of the parts, together with undue attenuation of the blood, the result of malarial impress. I have seen no well-developed cases of hematuria, but regard it as due to the same causes as other varieties of hemorrhage occurring in malarial fever. The dangerous element in this hemorrhage over other varieties is suppression of urine, which frequently supervenes. Of course, we are bound to regard hematuria as a symptom rather than a disease, although it is spoken of as a disease among the physicians as well as people of the South.

Now, Messrs. Editors, after all the talk about the origin and spread of yellow fever, its germs, its exotic character, its portability, contagiousness and infectiousness, I can not but believe it is of malarial origin, and I may some time give you my reasons for thinking so.

Before I close this letter I will relate a *singular* case told me by a doctor of Arkansas. He had a case of twin labor, and after the first child was born the second presented a shoulder, and as the doctor was getting ready to turn, the patient told him it was no use, that she was going to have the baby, and that right away. The doctor says she did, but with a fractured neck. What do you think of that for Arkansas, as Governor Sevier called that great state? I was on the point of suggesting that delivery was accomplished by evolution and descent of buttocks, but I did n't.

T. B. GREENLEY.

OREL, KY., May, 1883.



A REASON WHY SKILLFUL SURGEONS ARE RARE.—In one of Dr. Fisher's delightful sketches of the Old Masters, contained in the *Annals of Anatomy and Surgery*, he quotes from Albucasis as follows: "One of the principal reasons why it is so rare to meet a skillful surgeon is, that the apprenticeship to this branch is very long, and he that devotes himself to it must be versed in the science of anatomy, of which Galen has transmitted us the knowledge. He should know the functions of organs, their shape, and their relations; the number of the bones, and their modes of union; the origin and termination of the muscles, the nerves, the arteries, and the veins. In fine, no one should permit himself to attempt this difficult art without having a perfect knowledge of anatomy, and the action of remedies."

MUSTARD-AND-MOLASSES CATAPLASM.—Dr. Tyson, of Philadelphia, says that the addition of molasses to mustard, in making a sinapism, furnishes a mild, persistent counter-irritant which can be worn for hours. *New Remedies* says this reads very much like a formula it published some years ago, in which the white of an egg was recommended as a vehicle for mustard plaster, the advantage alleged for it being that it could be applied for several hours and would not vesicate. Not long afterward, however, the editor had a letter from some one who, to his sorrow, had acted on his suggestion, and was then hunting for the rascal who proposed it. (*The Druggist*.)

THE JOHNS HOPKINS MEDICAL SCHOOL.—According to the *Baltimore Sun*, it is probable that the medical department of the Johns Hopkins University will be opened about the 1st of October. Two of the university professors, Dr. Remsen and Dr. Martin, have been assigned, respectively, to the chairs of chemistry and physiology, and Dr. Billings, of the army, has been invited to become the professor of hygiene.

# THE AMERICAN PRACTITIONER

AUGUST, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### DISEASES OF THE EYE AND EAR,

IN CONNECTION WITH GENERAL DISEASES, AND THE ASSIST-  
ANCE THEIR PROPER DIAGNOSIS MAY AFFORD  
THE GENERAL PRACTITIONER.

BY W. CHEATHAM, M. D.

*Lecturer on Diseases of Eye, Ear, and Throat in University of Louisville; Visiting Eye, Ear, and Throat Physician to Louisville City Hospital, Kentucky Infirmary for Women and Children, and Masonic Widows and Orphans' Home.*

Often inflammations of lids or conjunctiva are the first and only symptom of some constitutional dyscrasiæ. Whether it is a manifestation of this, or purely a local affection, it is of extreme importance to know. Some of these affections, and I can properly say a majority of them, depend upon some local disturbance alone, such as some error of refraction; and if so, all the medicine in the world will not cure it, unless the error be corrected by spectacles. Valuable time may have been lost by too much dependence upon internal medication. There are, of course, many cases of blepharitis marginalis and conjunctivitis where constitutional treatment must be our main dependence.

Of the inflammations of the structure of the eye-ball proper and its contents, no one can deny their intimate connection with

very grave diseases of the general system, and of the great importance of their early and proper diagnosis. If there are any doubts of this, let the doubters only call to mind the revelations made by the ophthalmoscope in diseases of the central nervous system and in renal affections.

It will be better, in considering this part of the subject, to commence at the superficial and anterior part of the globe, and travel backward and inward.

The cornea, according to this, presents itself first. In the child often, but not so frequently in the adult, we have a type of inflammation known as the phlyctenular hepatic, or by some known as scrofulous, where little blisters form on the cornea, and after rupturing leave ulcers. This is frequently the first indication we have of nerve-exhaustion, or the neurasthenia of Beard. This disease may be called, if you will permit me, a barometrical register of the general nerve-tissue. It is true, it is often indicative of or arises from proximate nerve-irritation, from an eczema or nasal catarrh. I have quite frequently seen it caused in the young by over use of such anti-spasmodics as coffee and tea. Entire abstinence from these articles relieves the trouble.

All of us, no doubt, recognize keratitis interstitialis, also known as parenchymatous keratitis, as an almost positive indication of inherited syphilis. It is true, we usually expect to find other landmarks, such as dished face, hatchet chin, and Hutchinson's teeth; yet of the four symptoms the keratitis is the most important. Other forms of inflammation of the cornea often exist, and as often indicate some constitutional disturbance; but their minor importance forbids consideration here.

Of the inflammations of the sclera, but little can be said, as they are very infrequent. When they do exist, they are either traumatic, rheumatic, or syphilitic.

Iritis, or inflammation of the iris, is of frequent occurrence and of extreme importance. How often have you, gentlemen, discharged cases of syphilis as cured, and had them show up in a few weeks, months, or years, with a beautiful case of iritis! I

think most inflammations of this membrane are specific. They have though, often, rheumatism and malaria as the cause. The early diagnosis of iritis is of paramount importance, and of almost as much importance is the discovery of its cause. Occasionally, when we are in doubt about a patient having been inoculated with syphilis, an inflammation of the eye, when diagnosed by a competent person as an iritis, usually satisfies us that it is syphilis.

Just here let me insert a side remark about the diagnosis of iritis. A solution of half a grain of sulphate of atropia to one ounce of water (one drop in eye) will soon decide it. No possible danger can come of the atropia. My advice has always been to the students of the University to use the atropia in all inflammations of the eye when they first come under their observation. No harm can be done, and very probably great good. The pupils and their movements speak volumes. It is to some affections of the spinal cord and brain what the water and steam-gauges are to the contents of the boiler.

It is well known that two nerve-centers are recognized in the action of the pupil. It has a light center and an accommodation center. To illustrate: In sclerosis of the spinal cord, better known as *tabes dorsalis*, the light center is affected. The pupils are small, and if a bright light is thrown on them they neither dilate nor contract. What is known as "the play of the pupil" is absent. Now, if an object is held very close and the eyes fixed on it, the pupils will contract, and we have accommodative reaction. This—what is known as Robertson's pupils—with such symptoms as loss or weakening of sexual appetite and hand-grip, with staggering gait, indicate *tabes*. To the eye-symptom, though, we must more often look for the confirmation of our diagnosis.

To the following conclusions of Reahlmann I refer, to confirm you in the belief of my assertion as to the importance of the pupil and its condition:

1. If the illuminated pupil does not react to light, while the other pupil does, though not illuminated, the first optic nerve still retains its



conducting power, and the failure of the pupil to react is due to a unilateral paralysis of the pupillary branch of the corresponding oculomotorius, or to some affection of the iris.

2. If the pupil react to light in spite of complete blindness, the cause of the latter is beyond the corpora-quadrigemina.

3. If both pupils react during convergence, both motor-oculi nerves perform their function as regards the pupil.

4. If both pupils fail to react to light, either directly or sympathetically, while they contract during convergence, and if there is a certain amount of vision in both eyes, there is some obstruction to conduction in the fibers between the nucleus of the oculomotorius and the tubercula quadrigemina.

5. In physically weak nervous persons and in maniacal patients very wide pupils are so often observed that narrow pupils are regarded as an ominous symptom of approaching paralysis. A rhythmical change in the pupils is also observed in these cases, independent of the influx of light or of the act of convergence.

6. Narrow pupils are peculiar to all diseases which cause a diminution of the cortical function, especially paralytic dementia.

7. Myosis is especially frequent in diseases of the spinal cord and medulla oblongata. In tabes the narrow pupil is immovable to light, but reacts to convergence.

8. Irritation to the sympathetic in its peripheral course, or of its cervical ganglia, causes dilatation of the pupils.

9. Dilated pupils are a very characteristic symptom of impeded respiration from the action of carbonic acid upon the medulla. Contraction of the pupils shows that the highest degree of narcosis has been reached.

10. The pupils are dilated in pressure upon the brain, in brain tremors with choked disk, in chronic hydrocephalus, in hemorrhages within the cavity of the skull, and in simple distension of the cerebral vessels.

11. Difference in the size of the normally movable pupils points to an irregular innervation of the sympathetic, due to an irritation, either in its peripheral course or in the central connections in the brain and spinal cord. Mydriasis (wide pupil) of one eye, with movable pupil, is a suspicious symptom, pointing to a threatening brain-disease, while without a movable pupil it has no special significance.

If we should have cataract in a young person, not resulting from trauma, diabetes should be suspected at once. Here we have the crystalline lens as an indicator.



I think it well at this point to consider defects of the shape of the eye and its refractive media, and their effect upon the general condition. As I have stated in a previous article, a persistent severe headache frequently depends upon the above. They produce hyperemia of meninges, with headache, nausea, and vertigo. Of headache I have seen *many, many* cases, that have resisted all other known remedies, yield immediately to the correction of an existing error of refraction by means of spectacles. Sometimes spinal irritation is the result of such an error. Chorea of muscles of face and lids is often produced by the same cause.

It is quite possible to have tubercle deposited in choroid primarily, or to have it here secondarily, and the eye-symptoms attract attention to the disease first.

Syphilitic choroiditis, as syphilitic iritis, may decide us as to whether or not our patient has been inoculated with syphilitic virus.

Sarcomatous tumors do not neglect the choroid. I mention this more to illustrate a disputed point (whether such growths are first local, then general, or local manifestation of a general disease) than for its relation to the subject of this paper. It is a fact that if the globe is enucleated before any external manifestations occur, a cure is almost certain. I saw one eye of a child enucleated for glioma of retina, and in about six months the other for the same. Notwithstanding this was done seven or eight years ago, there has not been the slightest return of the growth. Where there is no return of the growth in that length of time, I feel inclined to pronounce a cure.

Now we come to the optic nerve and retina. Too much can not be said as to the intimate connection between these and the important nerve-centers. The optic nerve and retina may be considered as an extension and expansion of brain substance. It may be considered as a provision of Providence to assist us in fathoming the diseases of that complicated structure known as the brain, which is so situated in its bony casement as to challenge man to penetrate its many secret passages without

producing dissolution. In diseases of the brain auscultation and percussion are of but little service. To take their place, the ophthalmoscope has been given to us by good men now passed away, and well indeed does it do its work. This little instrument is also of great service in spinal diseases. But in these affections important and almost unmistakable symptoms precede the amblyopia.

Becker, of Heidelberg, says as follows:

1. In cerebral disease the eye affection is always on both sides.
2. Optic neuritis or neuro-retinitis alone does not prove the existence of central disease.
3. In primary atrophy (of the optic nerve) we can recognize its tabetic nature by the shape of the visual field.
4. In hemianopsia (blindness of one half of the retina, or the condition we have just been considering) we can also, without atrophy, accurately localize the central lesion.
5. There are visual centers in the cortex of both occipital lobes.
6. We obtain important clues for localization by closely studying the muscle-symptoms.

Dutugue says, in reference to ophthalmic lesions in general paralysis:

In the first stage of general paralysis there is always irregularity of the pupils, pupillary congestion, and varicose dilatation of the retinal arteries and veins.

In the second stage the disorders are more advanced, with the addition of marked pupillary and peripupillary edema. The disk is often obscured or even masked by edematous swelling, whose thickness is directly proportionate to the duration of the disease.

In the last stage, which terminates in death, the pupilla is small, flat, and gray in color, the vessels which normally give it a pink tint having disappeared from the optic atrophy. To this atrophy, atrophy of the choroid, retinal hemorrhages, and granulations of the retina and choroid are also to be added.

In the proper diagnosis of inflammation of the brain or its membranes, or the presence of tumors or clots, and their increase or recession, the close study of the optic nerve and retina are indispensable. With the ophthalmoscope we often

discover first an increase or decrease of the above troubles, and with it we can study such changes as are going on in the cranial cavity, as the disease is mastered by our remedies, or as it carries our patient on to dissolution.

In the last five or six years I have seen six or eight cases of tumor of brain. One was sent here from Arkansas. The only symptom the child had was that it was blind. Intellect clear, and not a defect in either motion or sensation. A tremendous neuro-retinitis existed. Tumor of brain diagnosed. Child died in three days.

Another, in New Albany, lived for eight or ten months. Post-mortem showed two tumors of cerebrum. It is hardly necessary to mention more.

In meningitis, clots, anemia, hyperemia, sclerosis, and many other cerebral affections, the eye complication tells the story.

I have seen and diagnosed ten or twelve cases of kidney disease with the ophthalmoscope, where the family physician had failed to recognize the difficulty. One was in the person of the daughter of an excellent physician. Two were patients of leading New York physicians. The condition of the eye first attracted attention in one. In the other, no one had suspected kidney trouble. It was accidentally discovered by me while examining the eyes of New York school-children to find the influence of study on scholars' eyes. Sight was perfect.

Many diseases of the ear are almost as intimately associated with the patient's general condition as those of the eye.

I have observed several cases of constant coughing relieved by simply removing a plug of wax from the external auditory canal. Most of these had tried all the common cough mixtures, and had been thumped and auscultated for some serious lung complication. One of them had had a change of climate recommended; yet by the simple ear syringe and a little warm water was cured.

Vertigo often results from an inflammation of either the internal, middle, or external ear. I have seen several cases depending upon eczema and furuncles of external auditory canal—one very

severe and obstinate case in the person of the wife of one of our leading citizens. When on the street she staggered like a drunken man. When the eczema was cured the vertigo was relieved.

A patient in the person of a charming young lady, living in one of our Central Kentucky towns (the case has been reported before), had been treated by her home physicians for some months, and afterward by Dr. Jewell, of Chicago, for some time with no relief. The removal of impacted cerumen gave instant and entire relief.

Of suppuration of the middle-ear, all of us know its dangers. Many deaths occur from its neglect. No doubt, many deaths attributed to scarlet fever result from the ear complication common in this affection. Physicians say it irritates the child, and for other reasons it is not proper to examine the patient's ears while suffering from scarlatina. It appears to me that any thing that will conduce to either our patient's comfort or safety is justifiable. I can not understand why the ear should be any more neglected than any other organ at this time.

I believe it to be of the utmost importance to make a thorough examination of the eyes and ears in almost all nervous disorders. As stated in this article, I have often seen headaches, vertigo, cerebro-spinal irritation, hyperemia of meninges, and many other affections having for their sole cause some defect or disease of eyes or ears. Again: Where an eye or ear complication is not the cause, it is often the first and most important symptom of the primary disease; and an early and proper diagnosis of this complication will save many lives and much suffering to humanity.

LOUISVILLE, KY.



## ON THE TREATMENT OF HOOPING COUGH.\*

BY W. C. WEBB, M. D.

My only design in asking the attention of the Society to the treatment of hooping cough is to relate my experience in the use of croton-chloral in nearly two hundred cases of the disease observed during the last four years.

The lesson taught me by this experience is to the effect that croton-chloral is, with very rare exceptions, singularly well borne by children. Next, that to get the full value of the drug it must be given in decided doses, doses large enough to produce quick and marked effect. A child twelve months old will bear a grain of the medicine every four hours, day and night, or six grains in the twenty-four hours; and, to get its curative effects, not less than this should be given. This during the first week. After that time the cough is usually so much relieved that the number of doses may be lessened, the drug being given say during the day only. Used in this way, that is, pushed to its full effect, I have very seldom seen a case in which the cough was not under entire control within a fortnight. And I include in this statement several excessively severe cases, complicated by convulsions and marked catarrhal difficulty.

Children from ten to twelve years old will require two grains of croton-chloral at a dose, while an adult will not often bear more than four grains repeated, as in the young child, every four hours.

The drug does not disorder the digestive organs, and by lessening the frequency and severity of the paroxysms puts an end to troublesome hemorrhage and vomiting. Occasionally the first few doses produce some irritation about the throat and fauces, but this soon passes off. The toxic effects of the medi-

\*An abstract of a paper read before the Kentucky State Medical Society.



cine do not seem to affect the organic centers. I have more than once seen patients fall asleep under its influence while in their chairs, the respiration and movements of the heart remaining unchanged.

Croton-chloral is readily dissolved in comp. tr. cardemons, if first the drug be thoroughly pulverized. An eligible mixture is formed by dissolving one dram in two ounces each of tr. card. and glycerine.

I have met with several cases in which the paroxysms of cough were so severe and accompanied by such extreme gastric irritability that it was necessary to give the patient a few whiffs of chloroform before attempting to administer the croton-chloral. I have seldom found it necessary to repeat the chloroform more than two or three times. In such cases as have used the anesthetic the very happiest effects have followed.

Of the mixture I have mentioned, one dram of croton-chloral and two ounces each of tr. card. and glycerine, the dose is a half teaspoonful every four hours for a child two years old and under.

Croton-chloral is so expensive a medicine that I have, owing to the known efficacy of belladonna in hooping cough, sometimes used the following recipe, and with very good results :

Croton-chloral, . . . . .	3j;
Tr. Cardam., . . . . .	3ij;
Tr. Belladon., . . . . .	3ij;
Glycerin., . . . . .	3ij;
M. Dose, same as of other.	

I have sometimes combined the several bromides with the croton-chloral, but I never felt sure that they added in any degree to its efficacy. If one bromide was better than another, it was the bromide of quinia. But I rely now exclusively on the croton-chloral in the management of pertussis. While I have never seen any unpleasant effects from this drug, I scarcely need add that in its exhibition a watchful care should be exercised lest, for some reason, its toxic effects should manifest themselves.

## EPILEPSY TREATED BY TREPHINING.

BY W. M. FUQUA, M.D.

Oliver M., was wounded through the right parietal bone with the sharp edge of an ordinary weeding-hoe in 1873; the external wound was near three inches in length, and at a point near the center of that bone and parallel with the longitudinal sinus. At the time of injury there was copious hemorrhage and some escape of cerebral matter. I saw this patient some ten days after injury for the first time. His pulse was 58, pupils dilated, respiration 16; left side numb, and nearly paralyzed; had nausea and vomiting; the thumb and index finger of left hand were completely devoid of both sensation and motion; was stupid, though answering questions slowly when thoroughly aroused.

I reopened the wound, which had feebly united along its entire tract, and removed some pent up pus and spiculæ of bone, principally of the inner table. I was anxious to make a section with the trephine, but was not permitted to do it. After thorough cleansing it was dressed with simple water dressing, without any closure either by suture or strips, so as to facilitate drainage and give exit to any particle of foreign matter which might have eluded our vigilance. He was actively purged, and blistered at the back of neck, cold water was continuously applied to his head, and bromide of potash liberally given. On the third day following he was somewhat improved, less stupid, free from pain, pupils less dilated, moves leg and arm; but the condition of thumb and index finger is unchanged; the wound had suppurated freely, and pus flowed from within the calvarium. After the lapse of a month the wound closed, the arm and leg improved in mobility, though there was no change in the thumb and index finger; his general condition was much improved. I saw no more of this patient for several months; and, on his visiting me, found he had slight epileptic convulsions, with frontal pain, right

arm slightly contracted, the condition of his fingers remaining as formerly. From that period he grew from bad to worse, and became a confirmed epileptic. He had often been importuned to submit to an operation for relief, but never consented until recently.

On the 21st of June, after laying bare the skull by a crucial incision directly over the tract of original wound, and being assisted by Drs. Anderson and Rascoe, we removed two buttons of bone. The skull was found very much thickened, and the interspace between the openings was removed with the plyers. In this way the entire depressed tract was removed. No anesthetic was given, he bore the operation well, and without interrogation stated that he had better use of his arm and fingers, less numbness, and felt better every way than he had done since the reception of the injury.

July 27th: The patient now presents himself at my office, having had but little inconvenience in any way since the date of operation. The scalp wound had closed except near its center, good motion and sensation had returned to the paralyzed finger and thumb; the numbness and contraction of the arm had disappeared, it felt only a little weak; his locomotion and intellection are as good as ever, and the only regret is that the operation was postponed so long. He has had since the operation very slight convulsions, but consciousness was not lost, and there is of course the hope that the convulsions will soon cease altogether.

There are many subjects of epilepsy confined in our asylums whom it is no doubt possible to relieve. The mere fact of their confinement with the insane causes them to be in a measure overlooked by the medical officers, or to be regarded as incurables; hence, outside of the usual bromidic medication, they get but little treatment for their dreadful malady. Although well cared for and carefully treated when acutely sick, they otherwise are left to shift for themselves.

Dr. Alexander, of the London Work-house, has demonstrated the possibility of relieving many of these cases by ligation of

the vertebral arteries. The operation is not difficult, and the danger involved is small. Between the operation of trephining certain cases and arterial deligation in others, we have two potent measures for relief of such cases as have resisted all other agencies. One of these operations, I need scarcely remark, would apply to such cases as depended upon a centric cause, while the other would be confined to cases depending on an excentric cause.

It seems to me eminently proper that epileptic cases should be removed from the charge of our lunatic asylums and placed in an institution designed especially for them, and there have the benefit to be derived from such treatment as recent observation and experience suggest.

There are, as we all know, many cases of epilepsy wholly beyond hope of benefit from any treatment whatever; in a word, are *incurable*. This class can certainly be better cared for in an institution devoted exclusively to them. If this experiment be tried, and such unfortunates as are capable of performing manual labor, or perchance are skilled in any of the handicrafts, are so used as to be made to contribute to their own care and support, it can not fail, in my opinion, to do much good by materially diminishing human suffering.

HOPKINSVILLE, KY.

## Reviews.

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**Physiological Cruelty, or Fact versus Fancy.** An Inquiry into the Vivisection Question. By PHILANTHROPOS. 1 volume, 8vo. Pp. 156. New York: John Wiley & Sons. 1883.

There are few medical questions in which the public have taken so much interest as in vivisection of animals for scientific purposes. Vaccination and alcohol have been discussed by the people at large for a longer time and by greater numbers in and out of the profession, but neither has elicited more heated and acrimonious disputes than the question of "Vivisection." The timely appearance of this volume will enable every one having the desire to do so to acquaint himself with the facts involved, and to form a correct opinion upon the subject.

It is doubtless true that now and then unnecessary pain has been inflicted upon the lower animals by ignorant and heedless persons making vivisection experiments, and the discussion of this question will certainly have the good effect of producing more care on the part of those engaged in this important work. The author of this volume covers the whole subject in a practical, fair, and thorough manner. A prejudiced anti-vivisectionist would derive no comfort or acceptable information from its pages, for the effect of prejudice is chiefly to arm a person against truth. But one simply desirous of obtaining a comprehensive view of the subject will find no better or as good a means of doing so in any other work.

The author has very appropriately assumed the "*nom de plume*" *Philanthropos*, and as one passes from page to page the truly philanthropic purpose of his book becomes more and more manifest. At the same time the reader regrets more and more that the real name of the kindly and philosophic author was not inscribed on the title-page.



In the first chapter the author considers What is Pain, and concludes that "Pain is caused by the excessive stimulation of a nerve; it can only be recognized by consciousness, and is felt keenly in a rough proportion to the mental (which is part of the nervous) development of the individual. The lower animals suffer absolutely much less than man, in varying degrees." As sensation, whether pleasant or unpleasant, is the consciousness of an impression, one might feel somewhat inclined to object to the author's mode of stating his thesis, and also to find fault a little with his sentence "in varying degrees;" but after all the reader is able to get at his meaning, which is the main thing.

He devotes the next chapter to the consideration of "What is Cruelty," which is defined as the infliction of pain without justification or with insufficient justification.

"Our Rights over Animals" is the caption of the next chapter. It is very forcible. Few candid minds will fail to accede to the reasonableness of the ground here assumed. "We have found it impossible to go further and apply to them (animals) the golden rule, the differences in nature, sensibility, and intellect being insuperable by the imagination. But we have seen no reason to suppose that it can be lawful to give pain for purposes of human convenience, pleasure, business, or food, and unlawful to give it for purposes of human health and knowledge." The chapter closes with the conclusion that *to make painful experiments upon living animals lies within an universally recognized right over them, and is not wrong in itself but depends for its morality or immorality upon the circumstances and motives of each particular act.*

The chapters on the relation of experiment to physiology and on the relation of medicine to experiment are exceedingly fine, and will be read with great interest. They abound in useful information, which every educated physician should possess. Eloquent and powerful sentences glow on every page. At the touch of experiment, theory crystallizes into fact. It affords the only solid ground upon which medical science can stand; it alone gives physiology a right to be called a science at all.

Only of what has been tested by experience can we really say *we know*; and every first experience is an experiment.

The author shows that in the principal branches of physiology the most important discoveries have been made by means of experiment; that, with all due limitations, experiment will still be seen to be necessary to certainty and security in medicine, and that in surgery many beneficent operations and much essential pathological knowledge have been evolved by the same means.

The volume concludes with the chapter on Legislation, past, present, and possible, and six appendices on popular fallacies about experiment, amount of suffering inflicted, the fundamental discoveries due to experiment upon living animals, the medical minority and legislation.

A book whose object is noble, written in a manner worthy of the object. The exterior of the volume is attractive, and the paper and typography are all that could be wished.

**Treatment of Diseases of Infancy and Childhood**, with over Four Hundred Formulæ and Prescriptions, as Exemplified in the Service of Drs. A. Jacobi, J. Lewis Smith, Alonzo Clark, Austin Flint, W. A. Hammond, A. L. Loomis, W. H. Thomson, J. H. Ripley, T. Gaillard Thomas, J. K. Leaming, F. Delafield, L. A. Sayre, C. R. Agnew, L. Duncan Bulkley, Beverley Robinson, R. W. Taylor, G. H. Fox, F. N. Otis, A. A. Smith, E. C. Seguin, F. A. Burrall, E. G. Janeway, F. H. Bosworth, A. H. Smith, C. E. Billington, G. M. Lefferts, etc., in the Hospitals of New York City. By CHARLES H. GOODWIN, M.D. New York: C. H. Goodwin, M.D. 1883. 1 volume, 8vo. Cloth. Pp. 284.

This volume is not a work on diseases of infancy and childhood. It would require much time and space to inform the reader of all that it is not. What it is—"brief told"—chiefly "over four hundred formulæ and prescriptions" of a number of more or less distinguished physicians in New York; a few rambling, fragmentary remarks in connection with each disease mentioned,

setting forth what this physician thinks or what that physician says about its treatment. And this is all. But as the majority of the physicians quoted are teachers and authors whose views have become familiar to the profession through their works, and as their works are easily accessible to all, the book under consideration must be set down as a luxury—to the writer of it, and would be a useless expense to the reader, the cost of it (\$2.50) being out of all proportion both to the bulk and merit.

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**Hand-book of the Diseases of the Throat, Nose, and Naso-Pharynx.** By CARL SEILER, M.D., Lecturer on Laryngoscopy at the University of Pennsylvania, Chief of the Throat Dispensary at the University Hospital, etc. Second edition, thoroughly revised and greatly enlarged. Philadelphia: Henry C. Lea's Son & Co. 1883. 1 volume, 8vo. Pp. 295.

Nearly one third of the book is given up to the consideration of the anatomy and physiology of the parts whose diseases are treated of in what space remains. But as this information on these parts could be as readily acquired in the text-books on anatomy and physiology, and as those studying the diseases of the nose and larynx are supposed to be sufficiently familiar with the rudimentary branches of medicine, it seems a grand mistake to needlessly increase the bulk by such matter. To be sure a goodly portion of the first ninety-seven pages is occupied by wood-cuts of well-known instruments, the laryngeal mirror, the head reflector, nasal speculum, the sponge holder, and tongue depressor.

Every medical student has already become familiar with these by the time he has bought his first dissecting case. The spray apparatus and the perfume atomizer are certainly no longer novelties, and every barbershop in the land contains "perfume atomizers." Why then augment the cost and bulk of this book with illustrations of these appliances? On turning over the leaves, one is forcibly reminded of the catalogues of surgical

instruments which reach physicians' offices at short intervals. The laryngeal forceps, Fahnstock's tonsillotome, even Thudicum's nasal douche, the common siphon tube, and posterior nasal syringe are reproduced. The author's desire of pictorial display knows no other limits than the title-page and index, for he even afflicts the reader with a full-page illustration of Boneville's dental engine, and another whole page is given up to illustrations of the drills and burrs with which the work of this infernal invention is performed. As dentist's offices are numerous, and every one of them contains one of these engines, and almost every body is obliged to make unwilling acquaintance with both, these needless illustrations might very profitably have been left out. The last instrument figured is a "metacarpal saw" which differs from all former metacarpal saws in cutting "in the pull" and not "on the push," as is usual, hence the necessity of its presence.

But if Dr. Seiler's book is over-illustrated, that is its worst and almost only fault. It is a clear, concise, practical exposition of the subject, such as only one a master of it could have written. One may say without hesitation that it is better suited to the wants of advanced students and young physicians than any other at present in the hands of the profession. The exterior of the book, the paper, and typography are all that one could wish and just what would be expected from the Leas.

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**What to do First in Accidents and Emergencies.** A Manual explaining the Treatment of Surgical and other Injuries in the Absence of the Physician. By CHARLES W. DULLES, M. D., Fellow of the College of Physicians of Philadelphia, etc. Second edition, revised and enlarged, with new illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. 1 volume. Pp. 119.

This little volume is evidently intended for the use of the laity. The physician and surgeon can have no need of it. But unfortunately only a few of the persons who would be benefited

by its plain, clear directions will ever read it. The only way in which it will reach the general public is by the recommendation of physicians to families they attend. The object of the book is good, the rules it lays down are generally simple, direct, and practicable. It is capable of doing much good, and a copy of it should be in every household.

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**Lectures on the Localization of Cerebral and Spinal Diseases.** Delivered at the Faculty of Medicine, at Paris. By J. M. CHARCOT. Translated and edited by Walter Bergh Hadden, M.D. London: The New Sydenham Society. 1883. 1 volume, 8vo. Pp. 341.

No higher testimony to the great value of this work could be desired than that the New Sydenham Society has published a translation of it. The whole subject of what the author calls "regional diagnosis" in diseases of the nervous centers is rather misty. Out of the bewildering maze of contradictory experiments and conflicting opinions the future may develop something practical and useful.

So far, what is really settled has been achieved rather by clinical and anatomical observation than by physiological experiment, and tends rather to a refinement of diagnosis than to any thing serviceable in therapeutics. Science, however, values truth for its own sake, and what appears at first to be merely abstrusely theoretical may, ere long, blossom into something practical and beneficent.

The first nine lectures are almost entirely devoted to anatomical considerations. Throughout the whole volume, the painstaking accuracy and attention to details for which Charcot is celebrated are conspicuous. He assumes that the encephalon is not a single homogeneous organ, but an association or confederation of a number of different organs, each having distinct physiological properties and functions. If the functions of the different parts of the brain be known, it becomes possible to



deduce the seat of the pathological condition. This makes the study of the topography of the brain a matter of importance. Unfortunately here, as every where else in pathology, the want of a uniform nomenclature is a stumbling block to the beginner and a source of confusion.

The second part of the book is devoted to localization of spinal lesions, and necessarily deals largely with anatomical and physiological facts and theories.

It is a most attractive volume, treating this difficult subject in a masterly manner, and as satisfactory as the present state of knowledge will admit.

## Clinic of the Month.

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INFANTILE PARALYSIS.—C. N. Gwynne, M. B., in a recent address, says in the Medical Press:

Though I can not give you in connection with this subject any original researches of my own, yet for various reasons it is a subject which ought to be an interesting one for discussion. The clinical features of the disease have not, till comparatively lately, been recognized, or rather differentiated; the pathology also has up to a recent period been practically unknown; and the treatment adopted, before the disease became to a certain extent understood, was either *nil*, or in many instances injurious, and even after a fairly accurate, as far as it goes, basis of its pathology had been laid, the modes of treatment suggested showed any thing but a unanimous consensus of opinion. In fact, in this, as in many other forms of disease with which we are brought face to face, we have, I fear, to confess that treatment has very little influence upon the course of events, and that the issue is arrived at almost irrespective of our efforts. On the other hand, infantile paralysis is a disease which is not uncommon in the experience of most general practitioners, and it can not fail to be interesting to find out in the course of the debate what clinical features have predominated in the experiences of individuals present, and what course of treatment has been found by each most favorable. Among the many diseases that entail deformity, and Sheffield, I am sorry to say, has its full complement of such, there are none which present such sad and hopeless characteristics—to the parent whom a sad fate compels to witness it in their children, to the stranger who suddenly in the street comes across the youthful cripple with a withered arm or leg, or to the physician who has to view the same in a hospital, and, in the majority of cases, to confess his skill unavailing. The name of the disease as it is usually known in this country, viz., “infantile paralysis,” is unfortunate and misleading, for it is not, as the name would imply, the only form of paralysis that occurs in children; and even if it were it is not confined to the period of infancy, but attacks persons of any age; and it is akin to a form

of paralysis that is by no means uncommon in adults, to which Duchenne has applied the name of "progressive muscular atrophy." How very little has been till lately known of the nature of this disease will be evident from the fact that it was not till 1860 that Von Heine first described its clinical features, and it was not till 1870 that the pathology of the disease began to be understood.

Though infantile paralysis or acute anterior polio-myelitis, a name proposed by Professor Kussmaul, has been observed at almost every period of life, yet we can not but recognize the period of youth as a predisposing factor. Most of us have seen cases of it in children which from time to time come under our care, but few, perhaps not one of us here, have seen an acute case in an adult. The more chronic form of the disease, viz., progressive muscular atrophy, has no doubt been familiarized to most of us, if not in private practice, at least in the wards of a hospital. If we look back and recall the history of cases that have come under our own observation, the first thing that will strike us is the apparent want of any efficient *cause* for the attack. I am sent for to see a child, it is probably teething, but otherwise is healthy as far as outward appearances go; the mother tells me that she put it to bed all right and in perfect health, and in the morning on taking it out of its cradle she finds one leg helpless, or an arm, or both. The child itself does not seem much the worse for the catastrophe, but takes its food much as usual and does not afterward deteriorate in health. The above is all the history which can be got at in a large number of cases, and was in fact the history, and the only history I could get in an old case of a boy named Haslam, under my care last month, where both legs below the knee were paralyzed, the right retaining some slight power of motion. I am aware that it is laid down that the paralysis in typical cases is ushered in with fever and restlessness, but I can only recall one case where I was called in sufficiently early enough to take note of the fever, and in the other cases that have come under my care there may have been the initial fever, but I could not satisfy myself on the point either from the condition of the patient or from the history. On this point of initial fever I would solicit the opinion of those present who have had cases of infantile paralysis under their care. Charcot regards the fever as the usual precursor of the paralysis, and most of the text-books follow his example, but in the few cases I have seen I have failed in the majority of them to obtain any history of high temperature. West, I find (*Diseases of Children*), lays little stress on the initial fever, and makes it rather the exception than the rule.

From statistics gathered from various sources I find that in nearly half the cases the lower limbs are the affected parts; of the remainder the majority represented implications of the arms and legs, or arm and leg, and a very small number the upper extremity alone. There are few features of the disease so interesting in the pathological point of view as the atrophic changes that gradually supervene—the wasting or withering of the limb, which is not confined to the soft structures alone, but also affects the bones. This would suggest that portions of the nervous system are involved that preside over nutrition. Let us compare (side by side with this remark) the deformities that characterize infantile paralysis with the large number of deformities which we witness in rickety children, the latter in many instances presenting more or less partial paralysis, and the notion is apt to occur whether the deformities which characterize rickets may not be due to lesions of a somewhat different character affecting the same portion of the trophic nerve system. But this is by the way.

As regards the cause of the disease, then, I fear we must own that we know nothing whatever of the subject. All the investigators, it is true, assign some cause, such as teething, measles, scarlatina, malarious fever, convulsions, heredity, but when such a variety of wholly distinct causes are assigned which possess no feature in common, I think we are warranted in thinking that they are not causes at all, but merely concomitant or accidental. Heredity, I believe, has a distinct influence in the production of the disease; but, after all, it is only after a very loose or popular mode of expression that we can consider “heredity” in any sense a “cause.” As regards the etiology of the disease, we must, I fear, at present rest content with the very general statement that early life, and especially the period of dentition, is especially liable to disorders of the cerebro-spinal system, and as, from apparently very slight causes, we find convulsions the cause of death in the case of numberless infants apparently robust, so we see an affection of the spinal system with, to all appearance, as little cause producing temporary or permanent paralysis.

I had hoped to show you, under the microscope, some sections of spinal cords taken from patients that have been the subject of infantile paralysis, but I have been disappointed at the last moment in obtaining them. Supposing such a section to be put under the microscope, in the majority of cases you would see an atrophy or shrinking of the anterior gray substance on one side or both, and a paucity, or entire absence, of the large nerve cells, and if any remained they would probably be shrunken and present some pigmentary changes. The



axis cylinders in the same anterior cornu would be few in number and partially wasted, and their place supplied by fibrous-tissue fibrils; the capillaries would probably be numerous and large, though sometimes the reverse. The anterior lateral column would probably be smaller in diameter than on the opposite side, and the nerve fibers going to the anterior nerve roots would be deficient, with some connective-tissue fibers filling their place. In fact, very much the same state of things as is described in cases of progressive muscular atrophy. Why then, I should like to know—and I would be very glad if some gentleman present would suggest—Why, in the latter disease, the affected limbs react normally to electrical stimuli; and in infantile paralysis galvanic reaction is either wholly or partially lost? Gentlemen present will please note this point. We may sum up, then, the appearances of cord sections in infantile paralysis as suggesting a “sclerous atrophy of the anterior cornu of gray matter, with disappearance or shrinkage of the large motor cells, and some hyperplasia of the neuroglia connective tissue, with occasionally secondary emaciation of the adjoining white column.”

Let us now turn our attention to the limbs, and first let us consider the muscles. Of course, we have loss of heat and atrophy. The first inquiry here that will suggest itself to us to make is, What is the cause of the atrophy? Is it due merely to their not being called into action? Or is the atrophy as much a feature of the disease as the paralysis, and dependent upon the changes in the nerve center? The latter seems to be the most probable, as we see the atrophy extends to the osseous system as well, and because we see in some cases it forms one of the earliest phenomena of the disease. This suggests the question of the utility of topical remedies, such as rubbing, massage, electricity, beating, etc. Here again, in the muscle lesion, we observe a marked contrast to the order of sequences that obtain in the cognate disease, “progressive muscular atrophy,” for while in the former the paralysis always precedes the atrophy, in the latter the atrophy precedes the paralysis and determines the amount of it. This point I would also ask the gentlemen present to note, and offer, if possible, some explanation of.

Let us now examine a piece of affected muscle under the microscope, and what do we see? If we take it during the earlier period of its degeneration, we will see simple atrophy of the muscle fibers, some sarcolemma nuclei scattered in clusters between the fibrils, some loss of striation in the muscle fibers, and hyperplasia of the connective tissues; if we examine it after the atrophy has reached its inten-



sity we will find much fatty degeneration, an entire absence in parts of muscle bundles, and a substitution of fatty material.

A curious example of the defective development of the limbs affected by paralysis infantilis presented itself at the Children's Hospital, Brookhill, some time ago, in the case of a girl, Lydia Holmes, aged five years. At the age of about five months, according to her mother's statement, she suddenly lost the use of the left arm and leg, not altogether, but retaining some slight power of movement. After a while she regained to some extent the strength in the affected parts, but they never reached the standard of development of the other limbs. I found on examination that the left arm and leg were both thinner than their fellows, and, on measurement, that the left arm was nearly an inch shorter than the right arm, and the left leg half an inch shorter than the right leg. The hand, too, was smaller in diameter across the palm, and the same applied to the foot. She could walk fairly, limping a little, and showing evidences of weakness in the affected leg, and she could not grasp firmly with the left hand. In other respects she was perfectly healthy. She never had convulsions, nor was there any history of any illness or noticeable symptom prior to the appearance of the loss of power. There did not appear to have been any treatment whatever directed to her case. Having alluded to some of the most interesting features in the clinical history and pathology of the disease, I now arrive at what, after all, is the most practically important to men like most of us who are called in, not so much to gratify our scientific tastes in diagnosing and observing, as to cure our patients. And here my limited experience is not comforting. Advisedly, I think that treatment does do some little good in some cases, especially in those cases where Nature is going to effect some repair of the mischief of her own accord. In such cases, by a variety of measures directed to keeping up an artificial exercise of the muscles of the affected parts, and supplying artificial heat, we may delay the degenerative changes going on in the muscular tissue until such time as the nerve centers, becoming restored to health, supply the natural centrifugal nerve stimulus. To carry out this line of treatment, a variety of expedients have been recommended. Friction, kneading, massage, champooing, and electricity have all been recommended, and are, no doubt, useful, and a gentleman named Klemm has invented a very pretty little apparatus for beating the affected muscles. It is made of wood, and has to be vigorously applied, and when we consider that there is no loss of sensibility in this disease, I have no doubt but that its application is

contemplated by the suffering infant with feelings particularly enjoyable. On the whole, friction with the hand, keeping the limb warm by a casing of cotton-wool, and the application of electricity, sum up the most rational treatment in chronic cases. A toy called the "baby-jumper" is highly recommended by Dr. West.

In using electricity a good deal depends on the method of its application. First, as to the kind of electricity to employ. In bad cases we find faradization of no use at first, for the simple reason that the muscles will not respond to it; on the other hand, in many cases where the former has failed, the application of galvanism will induce fairly strong muscular contraction, so that we may adopt it as our rule in practice to commence with galvanism, and when the muscles are so far improved as to respond to the faradic current, to call in its assistance also.

Early last month I admitted Edith Stocks, aged three years, into the Children's Hospital, suffering from paralysis in both legs practically complete. In her case, too, there was the sudden seizure, but no history whatever of previous fever or indisposition. The muscles of the legs were much wasted, and the feet and legs hung and swung about like flails. I applied the faradic current without the slightest contraction being induced in the muscles. I then employed galvanism, bringing into action first ten, and then twenty cells. The former failed, but the latter induced contractions, the legs being drawn up to the body, and the feet extended. Since that time the galvanic current has been employed at first twice a week, and afterward daily, with, I think, some very slight improvement, but of course it is too early yet to estimate the value of the treatment. The best method of applying the galvanism is to place the anode or positive pole over the spine, at the seat of the disease, and the negative or cathode over the limb, or the nerves that supply the affected parts close to their exit from the canal of the spine. The positive, or the pole applied to the spine, should be stationary, but the negative can be either fixed over the nerves going to the limb, or moved up and down over the affected muscles—the labial method. After some months' or a year or two's perseverance in this treatment, the patient surgeon or parent will probably be rewarded by some signs of improvement. A judicious use of the induced current also will be of benefit. At the same time the general health should attract special regard, and special nerve tonics should be administered. So far for the treatment of chronic cases where there is atrophy of the limb. In the early or acute stage more vigorous medicinal treatment should be employed.

Dr. Althaus recommends the injection of ergotine, one fourth grain for a child a year old, hoping thereby to cause contraction of the blood-vessels of the part, and so deplete its blood-supply. He also stimulates the muscles as they become affected with injections of strychnia. Other natural remedies in the acute stage are cupping, leeches, iodide of potassium, blisters, etc.

THE SPREAD OF CHOLERA.—Dr. George Buchanan, F.R.S., President of the Epidemiological Society, introduced the subject of cholera by some memoranda (British Medical Journal):

Cholera reached Europe by way of Egypt for the first time in 1865. Before that date, its course from Asia had been through the Russian Empire. At the first appearance of cholera in Europe, it began in Great Britain fifteen months after its introduction to Europe. At its second appearance, it began in England after about the same interval. Its third appearance does not admit of comparison with the others. At the fourth appearance of cholera in Europe, when it came by way of Egypt, it was epidemic in the Hedjaz in May; it appeared at Alexandria on June 2d; was at Malta, Smyrna, and Constantinople before the end of that month, and appeared in Spain and Italy and at Marseilles during July. Spreading somewhat widely in Europe during the next two months, it was at Southampton on September 17th, and on November 3d it was witnessed at New York. In the spring of 1866 cholera acquired an increased diffusiveness, and by June had attacked many places in the United Kingdom, but hardly any cases occurred in London until July. The Suez Canal was opened in November, 1869. Extension of cholera from Northern Arabia was next threatened in 1871; and the disease prevailed to a small extent in Europe during 1872 and 1873. Since that date it has occurred several times among the pilgrims to the Holy places, but has not established itself in Egypt, nor has it prevailed in Europe.

With regard to the question, When may cholera be expected to travel through Europe to England—how long after its present manifestations in Egypt? Dr. Buchanan said that no medical data exist for an answer. "But we in England," Dr. Buchanan said, "firmly believe that cholera is influenced in its spread by human intercourse. We do not affirm that it passes from person to person as smallpox or typhus does; but we believe that it extends, much after the fashion with which we are familiar in the case of enteric fever, by means of the discharges from the sick, particularly if those discharges be

received into foul cess-pools and drains, or if they obtain admission into drinking-water; and human intercourse is one of the conditions for the spread of cholera in such fashion as this. If we now suppose other conditions for diffusion of cholera to be to-day what they were in 1865, we may inquire how far the conditions of human intercourse have altered in such wise as to affect the probable dissemination and rate of transmission of cholera in and about Europe. It should be remembered that, though Egypt has doubtless incurred repeated risk from her communications with the Hedjaz, there is no evidence that even Egypt has been subjected to danger from cholera, at any time, through her direct maritime communications with more Eastern countries; that the Suez Canal has now been opened for more than thirteen years; and it should further be noted that the present outbreak of cholera in Egypt is not on the line of traffic between Asia and Europe; and it will appear improbable that the use of the new highway will affect the course of cholera toward France and England. Still, it is not to be supposed that 1883 will find us in every respect under the same conditions of human intercourse as 1865; and it is possible that some of the same changed conditions may be such as to affect the opportunities for the migration of cholera.

“Quarantine is not now regarded as capable of fulfilling its pretensions, and its least failure to exclude infection is seen to make the whole system irrational, and its cost and its vexations unjustifiable. Accordingly, England, which long ago abandoned the system as of any avail against cholera, has now the consent of most European nations (as expressed by their delegates to the Vienna Conference of 1874) in preferring for the defense of her ports another system, which, under the name of ‘Medical Inspection,’ aims at obtaining the seclusion of infected persons, and the disinfection of ships and of articles that may have received infection from the sick. The details of this system, as formulated for practical application in the ports and waters of England, are set forth in an order of the Local Government Board of July 17, 1873. This order is at present operative. From a statement by Earl Granville, I learn that it is proposed to reissue the order, though without change in essentials. It represents the system upon which we rely in preference to quarantine for the protection of our shores. For the last ten years the country has been thus prepared for the invasion of cholera, and the fact of this preparedness should be known.

“We have reason to hope that, if cholera should enter England, it



will find fewer opportunities for doing mischief than at previous invasions. We are generally better provided with defenses against a disease which spreads as cholera can spread. Some further precautions for use at the moment will doubtless be requisite ; but it will be on our permanent sanitary works and procedure that we shall with most confidence rely."

MAY THE PHYSICIAN, AFTER TOUCHING INFECTIOUS MATERIAL, AT ONCE UNDERTAKE MIDWIFERY PRACTICE?—Dr. Wiener, of Breslau, states that in the midwifery clinic from autumn 1880 to Easter 1882, during which time Spiegelberg, and, after his death, the author, had charge of it, emboldened by Volkmann's and Ahlfeld's example, students who had to do with infectious materials, such as cadaveric poison, etc., were permitted to undertake deliveries, Spiegelberg and himself proceeding on the principle that if antiseptics actually presented a reliable protection against infection, it must do so in all cases and under all conditions. In the time mentioned there died twelve out of four hundred and seventy-one puerperal women ; of these twelve, seven must at once be subtracted, in so far as one was brought into the clinic already intensely infected ; another had uterine rupture, with the child escaped into the abdomen ; two had stinking carcinoma of the vaginal portion ; two had suffered severe injury during delivery, partially owing to instrumental assistance ; and one had succumbed to hemorrhage. There remained, accordingly, five fatal cases, equal to 1.06 per cent of the deliveries, which, without the co-operation of other factors, were caused directly by infection. Of these five deliveries it is further to be observed that one woman had been examined outside the clinic by a female not a midwife ; two were used for examination purposes ; one was examined in the hospital only by the nurse in charge, and not at all by any students. Whether an examination had in this case been made before her entry into hospital could not be ascertained. In the other cases the convalescence was almost always favorable, any high temperatures that were observed being only transitory. These results are by no means inferior to those of most maternity clinics, and do not



permit the inference of an unfavorable result from insufficient antiseptic precautions. They were obtained by strict supervision of the examining students, since before examination they were compelled to take off their coats, roll up their sleeves over the elbow, and wash, with an at least five-per-cent solution of carbolic acid, with soap and nail-brushes. Such strong carbolic lotions should be ready-made in every clinic, since students, in preparing the lotions themselves, almost always use too weak a mixture. For this reason the statement of the Erlangen student referred to, that he had disinfected himself most carefully with *a carbolic lotion*, is not free from objection. It is certainly not quite accidental that the Erlangen case already referred to and two of our five cases were so-called "examination cases." These afford, as Spiegelberg correctly observes, the best example of the risk of too frequent examination—that is, they present an exceedingly large number of complications, since the examining candidates, who are anxiously determined that they should not overlook any peculiarity in the process of parturition, examine unnecessarily frequently, and thereby occasion injuries, while they certainly do not always perform accurate cleansing and disinfection of their hands before each exploration. We should, therefore, not be far wrong in making the assertion that the Erlangen student might have infected the patient even although he had not performed the post-mortem six days previously, for that the cadaver poison should actually have attached itself to his fingers for six days, in spite of careful daily cleansing, is very improbable. If all those who have to deal with a cadaver or a puerperal-fever patient were to exclude themselves from further midwifery practice for a long period, they would need to do the same on every occasion of touching infectious materials, whether a putrid carcinoma or the pus from an opened abscess. That such exclusion would lead to intolerable difficulties is plain. But these difficulties must doubtless be reckoned with if the view is really correct that every one that has to do with decidedly infectious materials can not disinfect himself completely in quite a short period. But this view is not supported

by the experience of the clinic in Breslau or of many surgical institutions. The author believes that it is only necessary that the operator, be he surgeon or obstetrician, possess the necessary familiarity and acquaintance with antiseptic details and is convinced of their value. One must, as Volkmann points out, in any case in which he has to deal with infectious materials, *immediately* undertake a thorough washing with soap and nail-brushes, in a strong—*i. e.*, about five-per-cent—carbolic lotion, and especially must observe careful cleansing of the roots of and parts under the nails, so as to prevent in this way putrid materials from drying in or being imbibed into the deeper layers of the epithelium.

DR. MATTHEWS DUNCAN ON STERILITY.—“It is scarcely,” says this distinguished physician in one of the Gulstonian Lectures, “an exaggeration to say that, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she be sterile, a cure is at once set agoing; and, if a child be not born, the failure is not debited to the nature of the case, but to the want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods of curing sterility are founded on an implied theory that it in most cases arises from impediments in the way of the spermatozoa reaching the ovum. Without sufficient evidence, strictures are assumed to exist, versions and flexions of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction or by chemically poisoning them; and for these real or imagined evils sterile women are made the subject of treatment. It is the theory of mechanical obstruction that, by its simplicity and directness, has possessed the profession and the public; and accordingly many operations and modifications of operations, and very many instruments, have been devised to do away with the obstruction. The theory has had

real rational support in the fact that dysmenorrhea of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen, causes also dysmenorrhea by impeding the exit of menstrual blood, or *vice versa*. It has had still more satisfactory support in the observation that the cure of the dysmenorrhea does occasionally bring with it cure of the sterility.

"The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility and conception. Especially and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical-obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexactly ascertained, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile women could see that, if the theory of causation were true, there was an easy and plain theory of cure; and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great recrudescence, be received with no enthusiasm, such as welcomed the obstruction theory; and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practicable importance.

"It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt of St. Petersburg is its best exponent. Recognizing the importance of this work, I take the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt sterility is truly never a disease, but a symptom of a disease. Nature has, he says, set no limits to female breeding other than the natural changes in the sexual organs that are observed in

the senile state. Sterility is one of the most frequently occurring disturbances of function caused by disease of female sexual organs. In these views, and his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis, and parametritis. The difficulties of conception, he says, have only a slight importance compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus." (British Medical Journal.)

WHETHER, AND IF SO, HOW LONG, SHOULD ONE ABSTAIN FROM MIDWIFERY PRACTICE AFTER MAKING A POST-MORTEM EXAMINATION, OR AFTER A CASE OF PUERPERAL FEVER?—Dr. v. Swiecicki, of Erlangen, in *Centb. f. Gynäk.*, after referring to the divergence of opinions on this point entertained by various authors, such as Winckel, who recommends exclusion for a fortnight, Zweifel, who recommends it for a week, Shröeder, for two days, Martin for twenty-four hours, and Küstner, Ahlfeld, Macdonald, and others, who insist upon thorough disinfection of hands, finger-nails, clothing, and body of the physician or nurse to be all that is necessary, time being a matter of subordinate importance provided the disinfection is complete. Volkmann's opinion is also referred to as belonging to the latter class. The author, as a contribution to our knowledge of this subject, records the case of a medical student at Erlangen who examined a midwifery case six days after having opened a thorax, and who had, according to his own account, every day washed with carbolic water in the strictest manner. Before allowing him to examine, the author asked and obtained Prof. Zweifel's permission for so doing. The patient, a iii.-para, had an easy labor, but was subsequently seized with diffuse peritonitis associated with right-sided parametritis, and passed through a well-pro-nounced attack of puerperal fever, being only able to leave her bed at the expiry of four weeks. The child also was infected, gradually lost weight, and died on the twelfth day. The sectio proved the septic nature of the affection. It has, however, to be



noted that, besides the student, the author, a practitioner, and the chief midwife examined the patient. The author says that the practitioner had made no post-mortem examination recently, and that both he and the chief midwife on the same day examined another lying-in woman, as well as other puerperal patients whose convalescence was normal. Relying on this case, the author thinks that abstinence from midwifery practice after making a post-mortem examination, or after a case of puerperal fever, is advisable. He solicits the publication of similar cases, in order to attain to definite principles on the subject. (Edinburgh Medical Journal.)

RENAL FORM OF TYPHOID FEVER.—Dr. Didion has chosen this subject for an inaugural dissertation, and comes to the following conclusions: Typhoid fever produces a renal congestion, which plays an important part in the course of the disease. Albuminuria is almost constant, but generally slight and temporary; when abundant, it is a sign of true nephritis. The renal inflammation is both parenchymatous and interstitial, and produces certain characteristic symptoms, such as asthenia, stupor, dryness of tongue, edema of the face and legs, lumbar pains, cutaneous eruptions (pemphigus, ecthyma, boils), and an alteration in the urine, which has a reddish color and the odor of boiled bread; in the deposit red and white blood-corpuscles are found, as well as casts; the urine contains a large quantity of albumen. The diagnosis can easily be arrived at by the above-mentioned symptoms. The termination is often fatal, either from asthenia or uremia. As to the treatment, Bouchard recommends carbolic acid and the salicylates, Polli the sulphites, Klebs the benzoate of potash. Leeches, mustard poultices, and cupping in the lumbar region are useful; but blisters, even with the addition of camphor, must be avoided. In certain cases the disappearance of the symptoms is accompanied by abundant diuresis, which ought, therefore, to be favored if possible; but all diuretics are not equally good; those which possess irritating properties must be avoided. The best in these cases is milk,



pure or mixed with water. Whatever may be the way in which it acts on the kidneys, it is always well borne, and its action is double; it increases the secretion of urine, and hastens the elimination of toxic principles without producing any irritation, even in the most acutely inflamed kidney. Subcutaneous injection of pilocarpine might perhaps be useful; in one case, when the skin was dry and burning hot, Dr. Didion injected twice daily one sixth of a grain of pilocarpine, and under its influence the skin became moist and abundant sweat was produced; the tongue was also less dry than before; the temperature fell in two days from  $105.8^{\circ}$  to  $98.6^{\circ}$  F.; but three days later the patient died, after the temperature had once again reached  $104^{\circ}$  F. New investigations are necessary before we can arrive at definite conclusions. As for the cold baths, Gubler thinks they are contra-indicated in case of nephritis, but Libermann considers their use as surely beneficial in spite of it. Several patients who had been subjected to that treatment did not complain of any inconvenience, and cold lotions, rapidly applied to the trunk and limbs with a sponge, seem to relieve the patient, lower the temperature, and re-establish the functions of the skin. All these advantages must be weighed against the danger of a renal congestion; but further experience alone can show which treatment is most advantageous. (*British Medical Journal.*)

A PRACTICE OF ESSENTIAL IMPORTANCE FOR THE PROPHYLAXIS OF PUERPERAL FEVER.—Dr. Löhlein (*Monthly Retrospect of Obstetrics*) asks the question, Is the physician—responsible before himself or to the world for his actions equally be he a practioner or specialist—provided he is acquainted with the rules of antiseptics, in the position so to disinfect himself, after touching a dead body or examining a suspicious lying-in case, that he can dispense with abstinence from midwifery practice without danger to his patients? Expressed still more definitely, As clothes may be changed or instruments rendered completely aseptic, are we in the position to disinfect our hands in a short time, within, say a quarter of an hour or a few hours? As a

contribution to the answer to this inquiry, the author details his own experience of the past four years, during which he examined and treated in consultation numerous patients suffering from putrid abscesses, puerperal fever, etc., and attended meanwhile two hundred and ten midwifery cases in his own practice, without any casualty from puerperal sepsis, and with only very occasional high temperatures. This immunity he traces to the thoroughness with which he disinfected the hands, using soap, nail-brushes, and five-per-cent carbolic lotion. The chief point, he maintains, is not what is used, but how the application is made. He followed the principle of performing thrice the act of disinfection—first, at the patient's house; second, at home, to which he hurried as soon as possible, in order that he might change his clothing and linen; and third, before making another vaginal examination.

Dr. Fritsch gives his experience, stating that since 1872 he has never lost a puerperal patient, and has only had one serious lying-in case (parametritis), although he had conducted many severe deliveries, and had followed other practice almost uninterruptedly. In 1873 he treated a brother suffering from putrid pelvic abscess, and had to dress the wound daily. After every dressing he washed himself with a six-per-cent carbolic solution. During this time he conducted two hundred and forty midwifery operations, and for the first time in the history of the poliklinik of Hallé there was an entire year without a single death. The author argues that this was no mere chance, but the result of the adoption of thorough and intelligent antiseptic precautions.

THE INFLUENCE OF CALOMEL ON DIGESTION.—Dr. Vassilieff has found from experiment that the presence of calomel, at least up to the amount of five grams, in the alimentary canal, does not interfere with the gastric juice, nor affect the triple influence of the pancreatic fluid on albumen, fat, and starch; on mixing the latter fluid with fibrin and calomel, the formation of certain products, indol, etc., always appearing as a result of

prolonged digestion under normal circumstances, is prevented. The gases generated in the process of pancreatic digestion contain none of the usual products of fermentation and decomposition when calomel is present: sulphuretted hydrogen and pure hydrogen are absent, carbonic acid is diminished to from two to ten per cent; while, under natural circumstances, from fourteen to fifty-four per cent is found in the gases evolved by the action of the pancreatic fluid. In fact, calomel prevents all other changes in nutritious substances save those produced entirely by the digestive secretions, decomposition and retrogressive processes in albumens being entirely checked. Calomel also prevents butyric-acid fermentation, as Vassilieff found by experiments on cheese. The action of calomel readily explains the cause of the green color of feces passed by the patients to whom the drug has been administered. Hoppe-Scyler rightly attributed this coloration to the presence of unaltered bile. Now, under normal conditions, bilirubin and biliverdin are changed, by a process of decomposition, into hydrobilirubin, and thus become no longer recognizable in the excretions; but this process is arrested by calomel, and the coloring agents, unaltered, give the feces their peculiar bright green hue.

These researches are described at length by Dr. Vassilieff, in the *Zeitschrift für Physiologische Chemie*, vol. vi, page 112. He has found that this action of calomel is due to its power over the micro-organisms intimately associated with the process of decomposition which takes place in food during digestion. The drug prevents the development of micro-organisms in the digestive fluids, and also destroys any bacteria and micrococci already developed. This fact was proved first by artificial digestion. Vassilief then made a series of experiments to find whether calomel had the same influence in natural digestion. Thirty grains of calomel were administered to a dog in two doses, and the animal was killed a few hours later. Under all precautions the contents of the intestines were then carefully analyzed. Neither indol nor phenol could be found; and it will not be forgotten by those who study contemporaneous

physiological research, that other agents—such as salicylic acid—prevent the formation of indol; and that pancreatic mixtures, formed from natural pancreatic juice, or infusions of pancreatic glandular tissue, undergo septic changes with very great rapidity, in spite of all precautions. None of these changes, nor any formation of indol, occurred in the food taken by dogs to which Vassilieff administered calomel. On the other hand, leucin and tyrosin were found in abundance. Under natural circumstances, these products of pancreatic digestion are so rapidly decomposed, that they can not be detected in semi-digested food. Hence calomel has no influence on the action of the digestive fluids, but entirely prevents those true retrogressive and putrefactive changes whereby the highly unstable products of these fluids are rapidly decomposed and micro-organisms quickly developed in great numbers. When calomel enters the alimentary canal, leucin, tyrosin, bilirubin, and other substances, remain unchanged, and bacteria are checked and killed. (British Medical Journal.)

‘CONTAGION OF PHTHISIS.—At the international Congress of Hygiene of Geneva, Professor Corradi proposed the following conclusions (London Medical Record):

1. The belief in the contagion of phthisis dates from the most remote antiquity, and held its ground not only in the opinion of the vulgar, but as a scientific doctrine.

2. In the second half of the last century this belief reached its apogee, probably because the disease assumed a frequency unknown in the past. In most places the State was obliged to intervene and take measures in the interest of the public health, with the hope of impeding the diffusion of the contagion.

3. In the first half of our century, on the contrary, the doctrine of contagion lost ground; anatomy and pathology being in the ascendant, etiology suffered.

4. In the last few years only has experimental pathology again taken up the question, endeavoring to give to the doctrine of contagion the support of experiments on the inoculation of tubercle. Further, it is believed possible to demonstrate that the poison is represented by a bacillus.



5. The problem so clearly put by experiment must be solved by clinical observation. To pathology it belongs to reconcile this doctrine with the fact of predisposition and heredity.

6. But if contagion and transmission be possible, the conditions yet remain to be determined.

7. Meanwhile, hygiene must comport itself in regard to phthisis as it would with a suspected malady, that is, one capable of being communicated or transmitted under certain circumstances.

8. Especially must it consider the conditions of cohabitation. If cohabitation be less constant and intimate, there will be less risk run, and the exhalations of the sick, which, apart from any specific action, undermine the health and predispose to phthisis, will be avoided.

9. Although it is not certain that tuberculosis can be communicated in articles of food, it is nevertheless prudent to avoid the flesh and milk of phthisical animals.

10. It is necessary to exercise great care in the choice of vaccine lymph, whether from the calf or humanized.

11. The institution of special hospitals, or at least of special wards, is strongly to be recommended.

12. The results of new studies and researches, undertaken with the scope of determining the conditions and means of transmission of tuberculosis, will indicate the more special prophylactic measures it will be necessary to take.

13. Whatever opinion is professed as to the nature of phthisis pulmonalis, no one doubts the great advantage the resistance of the organism has in the struggle; and therefore one of the greatest obstacles to the diffusion of this scourge of civilization is to be expected from the practice of hygiene, which assures the moral and physical well-being of the population.

ETIOLOGY OF CONVULSIONS IN CHILDREN. — Prof. Adolph Kjellberg, Sweden. Translated by C. W. Johnson, M. D., Chicago. (*Chicago Medical Journal and Examiner*.)

The so-called functional nervous diseases occur very frequently during childhood, and convulsive diseases are especially abundantly represented. Rythmically, we separate convulsions into two general groups, the clonic and the tonic. Clonic convulsions are those where muscular contraction and relaxation follow each other closely, each action taking up about the same amount of time. Tonic convulsions are those where the contractions follow each other so closely that the



muscles have no time to relax between each contraction, but seem constantly rigid. To the first group belong those convulsions that come on suddenly, usually in many muscles of the body, followed by a more or less complete unconsciousness in the patient. They attack, by preference, children; most frequently occur unexpectedly, with alarming symptoms; are hence of more than usual interest to the physician, and an explanation of their many different causes is of special importance to him. This is at times very difficult, and at times not at all discovered.

Here we frequently miss our guide that otherwise in complicated diseases solves the problem. I mean pathological anatomy. In how many cases of eclampsia and epilepsy that result in death does not anatomical pathology stand nonplussed and unable to explain the manner of the disease in defiance of the most thorough investigation? Not at all strange, because within the pathological science of the nerves many processes take place that can not be followed with knife or microscope. Nevertheless, it is another branch of our science that has of late aided the clinical observer to explain obscure questions within the pathology of the nerves—it is the now persecuted experimental physiology. It is this branch we have to thank largely for our knowledge of nervous diseases, and to this branch we are chiefly indebted for what we know about the subject under consideration.

Brown-Séquard, Sciff, Kussmaul and Tenner have thus shown us that the point where convulsions originate is limited to the pons and medulla oblongata; Nothnagel has even located the “convulsive center” in the pons only. Landois has found that venous hyperemia in the brain lessens the heart-beats, and when the heart has become very slow general convulsions will result, just the same as in anemia of the brain. Hermann and Escher could, by completely stopping the venous blood flowing from the brain, produce general convulsions. Nasse has shown that through an increased amount of carbonic-acid gas, and at the same time lessening the amount of oxygen, convulsions may be produced.

Physiology tells us that an increased temperature enhances the excitability of the nerve elements; likewise certain medicines, as strychnia. Soltmann has shown that the motor centers discovered by Hitzig are probably not to be found in children, but develop later; furthermore, the excito-motor nerves are wanting for the large brain, especially the cortex as the organ for judgment, for the will is, in the new-born child, not yet capable of performing its function; the will has no power over motion; all motor expressions are without knowl-

edge or consciousness, dependent on reflex actions. He has also shown by experiments that the motor nervous irritability in the new-born is very small. He has also shown by direct experiments that the irritability of the vagus, as an inhibitory nerve, is less developed in the child than adult.

This is all of especial interest and very important to know. Those experiments indicate to us where the irritation must take place to induce a convulsive attack. We are instructed that convulsions can be induced by anemia of the brain as well as by hyperemia. We are taught that an excess of carbonic-acid gas in the blood will produce the same result. It explains to us the long-known fact that in children there is a certain disposition to convulsions. This disposition is properly not dependent on any increased irritability in the sensitive or motor system, nor in the reflex center; but it is dependent on the fact that the brain of the child is more or less involuntary, and that it consequently can not as yet through the will affect or subdue the reflex centers. But when experience further tells us that the new-born infant is not as disposed to convulsions as the child of a few months of age, and that this fact consequently is in conflict with what was just said regarding the so-called increased reflex irritability, then comes again experimental physiology to our aid and explains to us that the irritability of the motor nerves in the new-born infant must be very small or insignificant.

What are the causes of convulsions in general, *i. e.*, how do they come about? Now we must admit that they come about by an irritation of the place wherein convulsions originate. Experimental physiology has shown us this place to be the medulla oblongata and the pons, or, according to Nothnagel, the latter only. An irritation here must take place; but to bring about a convulsion, must the irritation be abnormally exalted, or the irritability in the so-called convulsion center increased, or both? These conditions may occur simultaneously. The irritability may be direct, *i. e.*, affect the convulsive center directly, or it may be an indirect or reflex irritability. Therefore, convulsions are divided into direct and indirect, central and peripheral, symptomatic and sympathetic, etc. Another category includes the so-called idiopathic convulsions; they come seemingly without motive, and we are unable to discover any cause. But causes, of course, must exist, although we can not discover them, and the more our science grows the fewer must idiopathic convulsions be, until they are things of the past. I therefore do not take them up here. My point of view being clinical, I will divide convulsions

into symptomatic and sympathetic. The former corresponds to the so-called direct or central, the latter to the so-called indirect or peripheral.

Symptomatic convulsions are those that take place at the beginning of a disease, or during its course, by direct irritation of the convulsive center. This generally happens as a consequence of pathological change within the blood-vessels, hence this form of convulsions is sometimes called hematogenic.

Sympathetic convulsions are those that take place by some irritation of the sensitive nerves; this is conveyed to the convulsive center and a convulsion is produced.

This division of the convulsions is not at all satisfactory, for, taken as a whole, several causes co-operate, as we will see hereafter. Symptomatic convulsions are produced partially by a *disordered circulation*, and partially by a *change in the blood itself*. Disordered circulation is the most common cause, by producing a sudden anemia of the brain. If, for example, the circulation of the blood to the brain is suddenly arrested (*i. e.*, in both carotid and vertebral arteries), the phenomena will be as follows: The pupils at first contract, then dilate; the jaws are closed, the eye-balls rotate upward; breathing is difficult and short, later, slow and deep; then violent general convulsions take place with loss of consciousness. If circulation is now again permitted, the subject will be restored to normal state. Such an experiment has been performed by Kussmaul and Tenner. It shows us the whole group of symptoms, and it also shows us the cause to be anemia of the brain. This anemia must be suddenly produced, however, to produce a convulsion. Kussmaul and Tenner have shown three things as necessary—viz., loss of blood (to brain) must be large, must occur at one time and suddenly, and the subject must be in good condition. An anemia of the brain that has been developed by degrees will not produce convulsions. An anemia of the brain to have the power of producing convulsion may be caused as follows:

1. *A sudden loss of blood*, something we often see happen during childhood.

2. *Sudden and severe loss of juices*, as profuse vomiting and diarrhea.

3. *Arterial contractility*. This certainly plays an important role, by causing anemia of the brain. For example, psychological impressions, especially those extreme in effect, such as fright, wrath, etc. It acts probably by its effect and influence on the vaso-motor nerves,

and causes arterial contractility, anemia, and lastly, convulsions. Sauvages mentions a case where a child, while in great anger (because it did not get the food it liked), went into convulsions. Swigten reports a case where a child became frightened at a dog; afterward the child would go into convulsions by seeing a dog, or even hearing one bark. It is also possible other causes may produce convulsions, such as fright, and this again may produce overaction of the heart with increased flux of blood to the brain.

4. *Compression of the skull* in infants, pressure on an extended fontanelle, pressure on the back of head in cranio-tabes may all produce anemia of the brain (cortex), and thus convulsions occur.

5. *Anatomical changes in the brain*, as extravasation of blood, softening, growths, etc., sometimes cause convulsions; just how, it is not easy at all times to say. It may be caused by direct irritation of the convulsive center, as in hemorrhage or growths, but the probability is that by an increased pressure anemia takes place.

6. During the course of disease, not infrequently there is anemia of the brain, as in hydrocephalus, acute brain diseases, inflammations, fevers, etc.

Just as anemia of the brain may cause convulsions, so may hyperemia of the brain be the cause, if not direct, nevertheless indirect. An explanation will probably be in its place, as it may seem curious that two conditions so different from each other may produce the same phenomena. Let us consider the circulation, especially that of the lymph within the brain. Through late researches by Key and Retzius, so essentially valuable, we have received an accurate knowledge of the lymphatic vessels in the brain and its membranes. We now know that there is an uninterrupted connection between the sub-arachnoidal spaces of the brain and spinal column, the epi-cerebral spaces and ventricles, and also between the peri-vascular spaces within the brain. Key and Retzius have shown us, that the lymph-vessels follow the blood-vessels in the large hemispheres, as well as in the large ganglia (optic thalamus, corpora striata, etc.). The skull forms a closed and firm cavity that will not expand; the contents consist of the brain, blood- and lymph-vessels. When the circulation is normal, the same amount passes continually to the brain.

In the infant where the sutures and fontanelles are yet open, and where the skull may be somewhat expanded as well as reduced, the arterial circulation can be increased somewhat without increased pressure; so may the venous circulation exceed the arterial without



diminishing the pressure within the brain. As the heart's systole and pulse-waves advance must an expansion of the arteries occur, and for the time being an increased amount of blood enters; likewise during expiration the venous blood is hindered, and a slight venous stasis results. When the skull forms a firm space and the brain can not be essentially compressed, then a regulator for the circulation must be found; this regulator is the cerebro-spinal fluid. When the blood current rises, or the venous is hindered, then the cerebro-spinal fluid yields and gives room to the blood. This can only take place within a certain degree; if the arterial current is considerable, then the fluid in the perivascular spaces can not yield sufficiently. What happens then? Counter-pressure; and the consequence is that the capillaries are compressed.

The greater the hyperemia, the greater the counter-pressure; the blood-wave can not be forced to its terminus; consequently, there is a lack of blood in the capillaries—an anemia in the cortex of the brain and large ganglia is the result.

During venous stasis the fluid around the venous and perivascular spaces is driven back, the pressure on and about the perivascular spaces increases, the arterial wave diminishes, the blood is not driven forward; and thus it happens that the arterial blood-supply is diminished; and thus it is clear that there is an anemia of the capillaries of the brain. This gives us an explanation of experiments conducted by Landois, showing that a venous stasis may produce a convulsion. We see, also, that hyperemia and a venous stasis may produce the same result, viz., anemia of the brain and then convulsions as a result.

A flux to the brain occurs in children very often, more so than in adults. The flux is dependent on the number of heart contractions. We all know how easily and suddenly the function of the heart is aroused; an emotion, a fever, and the heart is at once over active, usually the younger the child the greater the action. This fact is in harmony with Soltman's view that the younger the child the less developed is that system of nerves (vagus) whose function is inhibitory. We know how easy a sudden fluxion to the brain may be produced in children, as in many acute diseases, especially fevers, and we have seen that this hyperemia can produce anemia of the cortex of the brain; then we can easily understand why convulsions in similar cases do occur, and also how they are produced. The ease with which hyperemia in the infant is produced would probably more often bring disturbing brain symptoms, were it not compensated for by



the possibility of the skull expanding through the open sutures and fontanelles, which has just been mentioned. *Venous hyperemia* of the brain occurs quite often in children, as in croup and laryngismus stridulus; also in diseases of the lungs, whether hereditary, as atelectesis, or acquired, in hereditary and acquired defects in the heart, etc.

In all these and similar cases venous hyperemia may cause anemia in the cortex of the brain. This may also occur during disturbed digestion, constipation with considerable generation of gas in the intestines; this forces the diaphragm upward, and impedes the circulation of blood to and from the brain. I also wish to mention that a protracted fluxion of the brain produces a venous congestion in it, because the capillary vessels become compressed from the condensed cerebro-spinal fluid and the *vis a tergo* in the veins is diminished, and the blood flows more slowly.

The second group of symptomatic convulsions are those that are caused by a *change in the blood*. This is often combined with disturbances in the circulation, hence this group may have several co-operating causes. Among the changes in the blood that cause or promote convulsions are:

1. *An abnormally increased temperature.* That this plays an important role among the causes of convulsion, especially during childhood, is scarcely questionable. The explanation of this fact is that the excitability in the nerve element increases by an increased temperature. In a sudden case of fever in a child, especially an infant, it is often announced by a convulsion. This corresponds to the chill in the adult. Especially is this the case in the croupous inflammations of the lungs and pleura. It is not only the increased temperature that in a suddenly developed fever produces convulsions, but increased body heat. There is as a rule an increased action of the heart; this produces a fluxion to the brain, and this again, as we have just seen, may result in a convulsion. In the croupous pneumonia it is probably the impeded respiration that produces venous hyperemia, and this in proportion contributes to a convulsion. Just so in pleurisy; but here there is intense pain which no doubt contributes to convulsions, and this may be partially explained by reflex action. The same is the case, for example, in otitis accompanied with convulsions, where certainly the pain is of great importance. We see, consequently, that in similar cases many causes co-operate to produce convulsions. Such is the case with another kind of blood-change, namely:

2. *Infectious Diseases.* Scarlatina, morbilli, variola, cerebro-spinal meningitis, intermittent fever, etc., are not infrequently accompanied with convulsions during the early stages. In those diseases we must assume that it is the qualitative blood-change that reacts on the nervous system. But even if this is the chief cause, *i. e.*, the changed condition of the blood, producing disturbed nutrition in the nervous system, we must still recognize other causes, viz., increased temperature, which appears early, also disturbed circulation within the brain. Consequently we see that many causes may co-operate to produce convulsions during the commencement of fevers. These convulsions, occurring during later stages, are most frequently caused by an anemia of the brain from some cause or another, as just mentioned.

3. Direct intoxication, through mineral and vegetable poisons; to these belong lead poisoning, atropia poisoning, tobacco enema, poisonous sponges, alcohol,\* etc. To this class belongs poisoning through the inhalation of gases, such as carbonic-acid gas.

4. Such changes in the blood where a poison is taken up from the system, as in pyemia, septicemia, puerperal infection, etc. In these cases, as in direct poisoning, we must accept that the poison acts as an irritant to the nervous system, perhaps directly on the convulsive center. Here belongs carbonic-acid-gas poisoning, caused by a disturbed respiration, and the blood thus becomes overcharged with carbonic acid; this irritates the nervous system, and a convulsion results. In uremic convulsions, whether they are caused by an increased amount of excrementitious material irritating the nervous system or by an acute brain disease producing an anemia of the cortex of the brain is not yet decided.

Here we may also mention changes in the milk of nurses and mothers; we may, indeed, include intoxications produced by sudden effects through the mind, viz., fear, wrath, etc., which in the child may produce convulsions. In what the change or intoxication of the milk depends is not known, but many cases of convulsions in children originating from such causes are on record. Petit Rordel mentions a case where the mother, shortly after being suddenly angry, put her child to her breast with the consequence of convulsions. Bouchut mentions a similar case. Underwood has reported a case where a man was to make a visit to a family: just as he came inside

\* Soltman mentions a case where an infant raised by a wet nurse had frequent attacks for eight days, without finding a cause. Finally a bottle of brandy was found in her bed. She was at once discharged and a new one accepted, and the child had no more convulsions.

the door he fell to the floor and died. The lady became very frightened, soon after put her six months' old child to her breast, and within one hour the child had convulsions, alternating with coma, lasting thirty-six hours, then recovered. Soltman mentions a case somewhat similar.

The *Sympathetic* convulsions are those that are produced by reflex action. They may be produced by any irritation of the sensitive nerves of the skin or mucous membrane. They are very common during childhood, and probably induced by an increased irritability of the sensitive nerves, partially through a diminished or less developed power of the reflex inhibitory center of the brain. Here belong, for instance, convulsions occurring from burns of the skin, large superficial ulcers, extensive intertrigo, etc., pointed foreign bodies that irritate the nerves of the skin, as needles. Siebenhaar mentions a case of a child nine years old, suffering from convulsions, who was ordered a bath, when, on taking off the clothing, a needle was discovered penetrating into the small of the back, deep in the flesh. The needle was removed, and convulsions ceased.

Irritations of the membrane of the ear, whether inflammatory or a foreign body in the auditory canal, may produce convulsions; also foreign bodies in the nasal passages, and, furthermore, an irritation of the kidneys or ureter through renal calculi, not uncommon in children. Demme mentions a case of a boy, one year old, with hereditary constrictions of the urethra, causing great obstruction in urinating, which often produced convulsions. The urethra was dilated, and the convulsions disappeared. The largest proportion of convulsions, however, are produced through an irritation of the mucous membrane of the stomach and intestines. That this cause produces convulsions is one of the oldest-known and acknowledged facts. We see them produced by dyspepsia, colics, intestinal catarrhs, gastroenteritis, constipation, etc. In practice we find many cases where the cause is hard to explain, but after a thorough search we can generally find some ailment in the intestines; most common is chronic catarrh. This treated and improved, the convulsions will disappear. Especially has this been the case in rachitic children in my practice.

One question much disputed, and yet an open one, is, Can convulsions be produced by irritation from worms? Most authors regard it as perfectly natural that such a case exists. At one time it was regarded as the cause in most cases of convulsions; other authors, though few, deny any relation between the presence of worms and convulsions. To judge between them is difficult, for on one side we

see cases happen where children had worms, which through anthelmintics had been destroyed, and no convulsions followed. I have seen a child who discharged one hundred, others fifty, sixty, and seventy worms without ever having had convulsions. On the other hand, cases are reported where we must accept that convulsions are produced by their presence in the intestinal canal and consequent irritation of the sensitive nerves. Cormak mentions a case in a boy, seven and a half years of age, otherwise perfectly healthy, suddenly attacked with convulsions, which were cured after administering calomel and santonin, which discharged many ascarides. I have not seen a similar case. I therefore believe that we can not altogether disregard worms as one of the causes of convulsions, but we must also be careful in a case of convulsions, where worms are inhabiting the canal, to not too suddenly come to a conclusion, but search after other causes, which otherwise may be passed by.

Another question that also takes us back to antiquity, and on which modern thought yet can not agree is, Can convulsions be produced by dentition or not? Among the old authors the majority acknowledge it to be a common cause, but we find many claiming convulsions to be independent of dentition; and thus, we may say, stands the question to-day. Most claim that convulsions may be produced by difficult dentition; others deny it. Dentition is said to be a physiological process, and as such could or should not cause a dangerous complaint. Let it be so. Is there not any other physiological process that is accompanied with danger to an individual? Our very first entrance into this world gives us at once an answer to this question. Dentition is, however, a process that in some children, without doubt, is combined with pain, and this at a period when reflex action is easily produced; and that partially through the last branches of the dental nerves, and partially through the end nerves in the swollen gums, convulsions by reflection may be produced, appears to me not at all impossible. Physiology, indeed, tells us that reflex actions are easier produced from the end nerves than from the trunk; and, when we see cases just before teething, otherwise healthy, with repeated attacks coming on, ceasing as protruded, only possible to begin again while cutting another tooth, and impossible to find any other cause, then I, at least, can not neglect to place dentition and convulsions with each other as cause and effect. I remember a case, now many years since, and then I was convinced that dentition could not cause convulsions. I was called in consultation by one of my colleagues to see a child who had had several attacks. The parents,



especially the father, were very calm, saying that the convulsions now, just as once before, probably depended on dentition. I did not believe it, but made as thorough search as I could for the cause, but in vain. After one or two days, during which time the convulsions continued, a tooth protruded, and the convulsions ceased. Other cases could be cited. What otherwise concerns dentition, we should remember that hereditary disposition plays also an important part. What, then, will not produce convulsions in one child, may very easily in another. It is very difficult, however, to certainly decide a case of convulsions as to cause, as many causes may be found. The one nearest at hand is irritation of the mucous membrane of the intestine, as it is just at this time that dentition takes place, when intestinal catarrhs are so common, and that this alone is capable of producing convulsions we have just shown.

I mentioned disposition and hereditary tendency to convulsions. This topic also deserves to be touched upon in connection with causes to convulsions. Without doubt there is in certain families a disposition to convulsions of a hereditary nature. On what this disposition, this "convulsability," depends, we know not; whether from a disturbed nutrition within the nervous system, or some anomaly in the blood that affects the vaso-motor system; but it is, nevertheless, a fact supported by many reported cases. Duclos reports that a married lady, in her childhood, had suffered from convulsions up to her seventh year. They then ceased, but there remained a deviation in her mouth, and the eyelid of the left eye was prolapsed. She had had nine brothers and sisters, of whom six died in convulsions. She was herself mother of ten children; all have had convulsions; six died; of these, five were under two years of age, and the sixth at three years. Her first-born got convulsions after nursing when the mother shortly before had been angry.

Lastly, in childhood, and, of course, in older patients, cases of convulsions may occur which are simulated. (*Hygiea-Medecinsk och Farmaceutisk Manadskrift.*)

TREATMENT OF ULCER OF THE STOMACH.—F. D. Atkinson, M. D., says in the Practitioner: "I think there can be no doubt that an immense amount of important and accurate knowledge may often be gained from the study of chronic disease, or from the frequent recurrence of the same malady in the same individual, and two or three cases that have come under my notice



during the last few years have impressed this upon me very forcibly. One case of gastric ulcer (diagnosed as such by four or five independent medical men) has been under my care on four separate occasions, and each time she has received almost immediate benefit from the treatment adopted, though she said she had not experienced any relief from what had been previously prescribed. I found she had taken carbonate of iron, carbonate of soda with bismuth, prussic acid and calumba, bismuth, strychnine, and pepsin, effervescing citrate of potash with Schacht's solution of bismuth, and various sedatives, with a diet of beef-tea, mutton-broth, barley-water, milk, and lime-water, but without there being any change in her general condition. The tenderness, the pain, the vomiting continued unchanged, and the last time I was called to see her she said she felt so weak that she was scarcely able to stand. She was exceedingly thin, and with the exception of a flush upon her cheeks, she had not a particle of color either in her face or lips, and her pulse was quick and thready.

"On each occasion I ordered complete rest in bed. A teaspoonful of Brand's liquid essence of beef, or a teaspoonful of Valentin's meat juice in a little cold water, in small quantities every four hours; a wineglassful of milk and lime-water (mixed in equal proportions) to be taken frequently, and the body to be rubbed with olive oil morning and evening. The beef essence and milk were very gradually increased, and when the pain had almost subsided a little sponge cake, bread, barley-water, arrowroot, etc., were allowed, and at last, by very slow degrees, ordinary food replaced the liquid diet. Stimulants of all kinds were interdicted.

"The medical treatment consisted of eight grains of tartrate of iron, fifteen minims of tincture of conium, fifteen minims of tincture of calumba, fifteen minims of glycerine, in one ounce of water, three times daily.

"No aperients were allowed. After a time the mixture was replaced by fifteen minims of Bravais dialyzed iron, three times a day. Since the last attack, about a year ago, the patient has

very materially gained in flesh and color, has been able to take the ordinary diet, except for two or three days, and can walk four or five miles without fatigue.

"P. S. Since writing the above she has had another attack of vomiting, when liquor potassæ had to be given for a day or two first, and koumiss seemed to agree better than the milk and lime-water."

THE DANGERS OF "MASSAGE." — Julius Althaus, M. D., Physician to the Hospital of Epilepsy and Paralysis, says: "It is well known that at various times, epilepsy, idiocy, and some forms of insanity have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

"It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage, which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands; and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

"That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercise, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state

of the nervous centers. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind; and in a case of cerebral paralysis, which was some time ago under my care, the patient had, after four such sittings, been seized with collapse, which nearly carried him off." (British Medical Journal.)

**NOTCHED TEETH.**—In a paper read at the Société de Chirurgie of Paris, M. Magitôt lately called attention to the notching and erosions of the teeth in inherited syphilis, and on the relations of this disease to rickets. He thinks that the notch is not characteristic, and states that it is never found in some races frequently affected by syphilis, such as the Japanese and Peruvians. According to Magitôt, not only inherited syphilis, but also all other serious troubles of nutrition, may cause diminution in the number and size of the teeth, or delay in the period of their eruption, but never erosion. Most frequently the latter is caused by certain nervous affections of early childhood, such as infantile convulsions, especially when accompanied by general debility. (British Medical Journal.)

**TREATMENT OF OLD CASES OF COMPOUND DISLOCATION OF THE ULNA IN CONNECTION WITH COLLES' FRACTURE.**—At the late meeting of the American Medical Association, Dr. E. M. Moore read a paper on the above subject. He said: "In cases of Colles' fracture there is also dislocation of the styloid extremity of the ulna, which dislocation in many cases is not reduced, and great deformity is the result. At any time before six months he re-breaks the united fracture and attempts a reduction of the dislocation; but when the cases are of so long standing as not to permit of breaking the bone he excises the extremity of the ulna, thus making a useful and movable joint.

## Notes and Queries.

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THE AMERICAN PRACTITIONER.—The editorial connection of Professor Parvin with this journal ceased with its July issue. We know that this announcement will cause every reader of the AMERICAN PRACTITIONER to feel that he has sustained a personal loss. The step was made necessary, however, by the contemplated removal of Professor Parvin, in the early autumn, to Philadelphia, where, as is known, he goes to occupy the Chair of Obstetrics in the Jefferson Medical School, recently made vacant by the resignation of Professor Wallace.

The writer, in addition to the mere personal aspect of a loss, which is indeed great, will experience a sense of regret in this separation from his active, ready, amiable, scholarly, and judicious editorial associate, such as he finds his pen all unequal to describe. The only solace which remains to him in this the first direct calamity which has ever befallen the AMERICAN PRACTITIONER is the assurance that, though Professor Parvin's name will no longer appear on its cover, its pages will continue to be enriched by his contributions.

Dr. John A. Octerlony, who succeeds to the official position so long adorned by Professor Parvin, needs no formal introduction at our hands. He is already favorably known to readers of the periodical medical literature of America, and is confessedly among the best contributors to that literature. Of this our readers may rest assured—his *single* aim will be to increase the interest and usefulness, and thereby extend and quicken the influence of this journal. We bespeak for him, therefore, the kindly greetings of that large and select circle of friends embraced in the term, "our subscribers," who, it is an unalloyed satisfaction to say, have now for the past fourteen years,

both by pen and purse, so liberally sustained the AMERICAN PRACTITIONER.

THE ENGLISH ON THE ETHICAL QUESTION.—It is not uninteresting to notice that a leading physician of the United States—the President elect, by the way, of the American Medical Association, Dr. Austin Flint—has just published a little volume entitled “Medical Ethics and Etiquette.” It is well when such subjects are undertaken by men of acknowledged authority and long experience. It is the happy distinction of our own medical literature to contain a classical work on this subject by a physician whose fitness was acknowledged by no less a judge than Dr. W. Heberden. “What you have already communicated to the public,” said Heberden, in his eighty-fifth year, writing to Percival, “with so much just applause, shows you to be peculiarly well qualified for drawing up a code of medical ethics, by the just sense you have of your duties as a man, and by the masterly knowledge of your profession as a physician.” We may with justice apply the compliment to Dr. Flint.

It is well for the United States that one in the position of Dr. Flint, whose accomplishments, age, and success protect him from all charges alike of presumption or jealousy, has taken up the modest part of a commentator on Percival, or rather on the code of the American Medical Association, which is based on Percival’s Code, the very words being carefully preserved whenever they conveyed the precepts it is wished to inculcate. We would impress upon all our younger readers to make the principles of medical conduct a part of their care and of their study. We would even go further, and, in the words of Dr. Flint, suggest that the knowledge of the ethical code should be made a part of medical education. In early professional life, and in the pressure of professional competition, there is sometimes a temptation to forget that we are bound, as members of a liberal profession, to abstain from all vulgar methods of success, and especially from that meanest of all methods—taking advantage of a professional brother in any moment of his temporary absence or of



his temporary blame or unpopularity among those who are not in a position to judge him. To see cards, advertisements, and puffs—direct and oblique—which reach us every week, in which medicine, midwifery, and surgery are offered on terms more like those of a dealer in rags, is a sight that would make Hippocrates or Percival weep. Nothing can justify such things in men who seek to strive lawfully. Young medical men may properly feel anxious to succeed. It is affectation to talk as if they had not to live by their profession and to justify their choice of it by showing that they can live. But it is a fatal mistake to make ethical errors at the beginning and think to become more scrupulous with the advance of time and with the advent of success. A little clap-trap, boasting, playing with a false title till a legitimate one can be secured, the entertainment of any gossip or scandal reflecting on a professional neighbor, or unprofessional methods of gaining credit or notoriety, may appear little vices in the early days of professional life. But he errs who thinks so. Such errors corrupt good manners; they are adhesive; they stick to a man awkwardly, even when he would give hundreds to repudiate them. They should be resisted absolutely and in embryo. There are other ways by which young men rise out of the keenest competition into success and honor, such as devotion to their work, to the study of their profession and of its great models, and consideration for their patients on the one hand and for their professional brethren on the other. These are the eternal principles by which professional happiness, honor, and success are to be secured; and he is the wisest man and the worthiest member of his profession who gets them well into his mind and allows them to dominate all his conduct.

It is well known that a somewhat sharp difference of opinion has arisen among our transatlantic brethren lately on the question of professional intercourse with homeopaths. Though the principles of medical ethics are good for all time, new questions of application arise. Homeopathy is an instance. It is a thing of yesterday. It is not so much as mentioned by Percival, and

the profession has had to deal with it as a novelty. Hitherto the profession has been practically unanimous in refusing consultation with homeopaths, either because their practice was based on an exclusive dogma which is contrary to the professional ethics, or on the ground, as Dr. Flint puts it, "of assuming a distinctive appellation," implying an essentially distinct system of practice, and an attitude of antagonism to the regular profession. Dr. Flint does not so much object to a man holding a dogma, even an exclusive one, even one so absurd as homeopathy, as to his assuming "a distinctive appellation." This is very much the same ground as that taken by our own College of Physicians, which called upon its members to uphold the dignity and freedom of the profession by discountenancing those who trade upon designations implying special modes of treatment. Our own view is that of two men practicing homeopathy, the one calling himself a homeopath and the other not, the former is the honester man of the two. But it is not "for the good of the patient," which is the great end of medical ethics, that we should meet either of them. Such a consultation is misleading to the patient, and likely to be compromising to both parties.

The New York Medical Society has altered, as is well known, the National Code of Medical Ethics, which declares that "no one can be considered a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, etc. It proposes to authorize consultation with any registered or qualified practitioner, whatever the absurdity or exclusiveness of his dogma, and whatever may be the trade-label that he adopts. It is beyond the power of the New York Medical Society to impose such consultations on men who respect themselves or their patients, or the accumulated experience of the profession; and we shall be much mistaken, if, under the presidency of Dr. Flint, the American Medical Association does not uphold its own moderate and dignified definition of a regular practitioner, as quoted above. Free institutions are admirable,

but they must include freedom for those who decline to be warped by a dogma, or compromised by one who believes, however honestly, in an absurdity. (The Medical Gazette.)

FROM the many kindly notices of the transfer of Professor Parvin from the University of Louisville to Philadelphia, we make room for the following from the Phila. Medical Times: "The election of Prof. Theophilus Parvin to the chair of Obstetrics and Diseases of Women in Jefferson Medical College was one reflecting great credit on the wisdom of the Board of Trustees, as it is generally regarded as the best selection that could be made for the school. Dr. Parvin, in leaving the Louisville University, in which he occupied a similar position, to come to Philadelphia, leaves behind him an excellent record, and brings with him the good wishes of a large number of friends. As a teacher, practitioner, and medical journalist, he is widely known to the profession; and we welcome him to a larger field of labor in full confidence in his ability to fill it with distinction. He was born in 1829 in Buenos Ayres. During his early years he lived near this city, where he received in 1852 the degree of M.D. from the University of Pennsylvania. He was President of the American Medical Association in 1879, and his address at Atlanta will be long remembered by those who heard it. He has also held professorships in the Medical College of Ohio and in the College of Physicians and Surgeons of Indiana. He is writing a systematic work on Midwifery, which will probably be issued this fall. He is a scholarly writer, an impressive speaker, an original and experienced practitioner, and, withal, a man of sterling character and positive convictions.

AMONG the notices of some bequests to charitable and religious institutions by a deceased lady, who resided in Edinburgh, is one of £500 to the Edinburgh Antivivisection Society. Considering the platform of such a society, there is some difficulty in describing a donation to it as going either to a charitable or religious institution.

NOTE ON HYDROBROMIC ACID AS A SUBSTITUTE FOR THE BROMIDES.—This was the title of a paper read by Dr. C. L. Dana, of New York. The dose of the pure acid should be from ten to twenty drops; of the officinal, or the ten-per-cent solution, one dram to two drams and a half. It was usually given in two small doses. During the past two years he had employed hydrobromic acid in the following conditions: Epilepsy, alcoholism, various forms of headache, vertigo, general nervous depression, neurasthenia, chorea, insomnia, hysteria, post-hemiplegic disturbances, etc. He had seen the greatest benefit from the drug in epilepsy, in post-hemiplegic difficulties, and in other lighter general nervous troubles. It did not prevent cinchonism, certainly not in the small doses in which it was usually prescribed. Hydrobromic acid was recommended in preference to the haloids, because it was agreeable to take, non-irritating, and did not produce an eruption or bromism. (New York Medical Journal.)

THE SECRET OF LONGEVITY IN A PHYSICIAN.—Why physicians live to old age is thus told in "English as she is spoke," or the "New Guide to Conversation in Portugese and English:" "A physician eighty years of age had enjoied of a health unalterable. Theirs friends did him of its compliments every days: Mister doctor, they said to him, you are admirable man. What you make then for to bear you as well?—I shall tell you it, gentlemen, he was answered them, and I exhort you in same time at to follow my example. I live of the product of my ordering without take any remedy who I command to my sick."

A VALUABLE LIBRARY. — Of the library of the Surgeon-General's office in Washington, Dr. Billings says that it not only contains more medical literature than the British Museum or the National Library of France, but it covers a wider field, represents better the medical literature of the whole world, and is decidedly a better practical reference and working collection for medical purposes than either of the great libraries referred to.



MEDICAL OFFICERS OF THE BRITISH ARMY.—Lord Wolseley, before an investigating committee, has made charges against the medical officers who served under him during the Egyptian campaign, but, as on former occasions when complaints against the British army surgeons were made by unjust and hostile officers, the charges, although investigated by Royal Commission and Parliamentary Committees, were found to be utterly groundless.

It is difficult to understand his Lordship's exact position; for recently, at the distribution of prizes to the students at the Medical School of Charing Cross Hospital, he acknowledged in the strongest language the great obligations he had been under in all his campaigns to the medical officers, and the excellent manner in which they had performed their duties, especially in the recent war in Egypt. He concluded by saying that though he might have found fault with the medical department, he had never had cause to find fault with the medical officers during his long career, and had, on the contrary, always found them zealously anxious to carry out the duties they had to perform. It is a pity his Lordship did not thus express himself before the committee, for there can be no doubt that the last recorded opinion is in accordance with truth, and does simple justice to the excellent medical officers of the British army.

M. PASTEUR having offered to organize a mission for investigating the cholera in Egypt, the Hygiene Commission has indorsed the scheme. The mission will consist of M. Roux and M. Thuillier, of M. Pasteur's laboratory, M. Strauss, of the Faculty of Medicine, and M. Nolaco. M. Pasteur has written to Lord Granville to solicit the grant of facilities to the mission in Egypt. (*British Medical Journal*.)

THE Baly medal for physiological research has this year been awarded by the College of Physicians to Dr. Brown-Séquard. The last recipient of this medal was no less a person than Charles Darwin.



RECENT Swedish medical journals record the death of the distinguished Professor Malmstén. He was Knight Commander of the Grand Cross of the Royal Order of Vasa, Commander of the Order of St. Olaf, Knight of the Imperial Order of St. Stanislaus, 1st class, and a member of numerous learned societies. For many years he was a zealous and most able teacher in the Carolinian Institute of Stockholm. On resigning his professorship in 1876, he gave a substantial evidence of his attachment to the institution in which he had won world-wide fame and for whose success he had labored with so much ability and zeal, by donating the sum of five thousand crowns, the annual interest of which is to be awarded by the Faculty as a stipend to the licentiate in medicine who shall have passed the most meritorious examination. The stipendium bears the name of the generous donor.

Although a prolific contributor to the medical press and the author of many valuable articles in Scandinavian journals, it is especially as the discoverer of tricophyton tonsurans that he is best known among scientific physicians all over the world.

MR. BENJAMIN BELL, F.R.C.S., ED.—“He was, in the best and largest sense of the word, an accomplished physician, combining the practical and theoretical teachings of the older men with the minute and microscopic research of the more recent, harmonizing them as far as they admitted of harmony; receiving, though not, of course, always accepting, whatever had the promise of progress in science, and applying what he accepted to practical use in the treatment of disease. Above all, he was safe. His patients could and did rely on him as implicitly as his friends did in other relations in life. And he was what all truly good and great men are, single-eyed and simple. *‘Multis ille bonis flebilis occidit.’*”

DISINFECTION OF MAILS FROM THE EAST.—The Sanitary Committee of the Privy Council has directed that the mail-bags from the East shall be soaked in tar. (British Medical Journal.)

THE following is, as nearly as type can reproduce it, a facsimile of a postal-card recently received by the Illinois State Board of Health (Chicago Medical Journal):

Fieldon Ill 5-12-83.

John H Rauch M D. Sir. you still persist in trying to frighten our Graduates, like Springer of Hardin. who have attended two full, long terms in our School & Honorably graduated. I look upon you, as the chief, of a set of Dastard Bigots & villians & the sooner you arrest Springer the sooner you will get through with it. Yours. L C. Washburn. President of the St. Louis Eclectic Medical College.

The "Dastard Bigots & villians" who compose the Illinois State Board of Health decline to recognize the St. Louis Eclectic, and "frighten" its alleged graduates by refusing to issue them certificates entitling to practice. *Hinc illæ.*

THE election of Professor Huxley as president of the Royal Society, in place of the late Mr. Spottiswoode, has met with warm approbation on all sides. The distinguished biologist on whom this honor is conferred, is not less popular than he is eminent, and under his direction there is every reason to hope that the services rendered to biological science by the society will be yet further enhanced. (British Medical Journal.)

DR. HENRY J. BIGELOW.—At a meeting of the Royal Medical and Chirurgical Society of London, held on June 12th, Dr. Henry J. Bigelow, of Boston, was elected a Foreign Honorary Fellow, as were also Prof. Charcot, of Paris, Prof. DuBois Reymond, of Berlin, and M. L. Pasteur, of Paris.

AN aphorism of Voltaire: "Only the charlatan is always certain."

A NEW MODE OF BURIAL.—At the recent general assembly of cement manufacturers at Berlin, says the *Lancet*, Dr. Frühling described a new application of cement. He explained that it would be easy to transform corpses into stone mummies by the use of Portland cement, that substance, when hardened, not in any way indicating the organic changes going on within it. He further illustrated the subject by describing various industrial uses of lime as a preventive of decomposition. The cement in hardening takes an accurate cast of the features which it incloses, thus allowing of their exact reproduction after the lapse of centuries. It is suggested to use coffins of rectangular shape, it being further considered by Dr. Frühling that underground sepulture is needless, as the coffins soon become practically masses of stone, and can therefore be built into pyramids.

A GERMAN-AMERICAN MEDICAL MONTHLY.—The *Medicinisches Chirurgisches Correspondenz-Blatt* is the title of a new monthly intended for German-American physicians. There are over two thousand of these in the country, and it is thought that they need an organ. The journal is published in Buffalo, N. Y., and edited Dr. M. Hartwig, of Buffalo, in conjunction with Dr. Meisburger, of the same city, Dr. Jacobson, of Syracuse, Dr. Proegler, of Fort Wayne, Ind., Dr. Schwartz, of Vienna, and Dr. Reuter, of Berlin. In an editorial note, commenting on the Code controversy, the editor says: "The physicians in Germany have never felt the need of a code, and have never had one. The general rules for guiding the conduct of gentlemen have been found sufficient."

THE Boylston Prize Committee, appointed by the President and Fellows of the Harvard University (U.S.A.), have awarded this prize (two hundred dollars) to Dr. Braidwood, of Birkenhead, for his essay on "Measles, German Measles, and their Counterfeits." No doubt the award was just, and it has certainly fallen to an excellent physician and accomplished gentleman.

THE RESIGNATION OF DR. DALTON.—Dr. John C. Dalton, the well-known physiologist, has resigned his position as Professor of Physiology at the College of Physicians and Surgeons, which he held for so many years. He will be succeeded by Dr. John G. Curtis, who for several years past has been the adjunct professor. Dr. Dalton's resignation is very generally regretted.—(Medical News.)

A PITTSBURGH lady doctor says that women can understand woman, and it often does a patient more good to talk to her of spring bonnets and wraps than is effected by medicine. Husbands and fathers want to look out for that lady physician. Instead of recommending fifty cents' worth of aqua pura for a sick headache, she may prescribe a \$14 bonnet and a \$25 Surah overskirt, or something that way. (Norristown Herald.)

ARE French flats healthy? Yes, very. Are people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats. What are American flats? The people who live in French flats. (Life.)

HOLMES calls the vivacious Ricord "the Voltaire of pelvic literature—a skeptic as to the morality of the race in general, who would have submitted Diana to treatment with his specifics, and ordered a course of blue pills for the vestal virgins." (The Medical Age.)

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# THE AMERICAN PRACTITIONER

SEPTEMBER, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### HEMOGLOBINEMIA AND ITS CONSEQUENCES.

BY SAMUEL BRANDEIS, M. D.

We are in possession of a great many facts and observations as to the changes which are going on in the liquid portion of the blood in a great number of diseases. We possess less knowledge about the material changes occurring in the more fixed and solid constituents of the blood—the red elements. This depends, to a great extent, upon the fact that our information regarding the physiological disintegration of the blood corpuscles is very imperfect. About one point there seems to be very little doubt, that the coloring matter of bile is derived from the coloring matter of the blood, though we have to admit that as to *how* this process is accomplished we can not give a very satisfactory answer.

It would be of highly scientific interest and of far-reaching significance, as well in a diagnostic as in a therapeutic point of view, if it could be successfully demonstrated how, in some acute diseases accompanied with rapid disintegration of tissue, as in fever and sepsis, and in some chronic wasting diseases,

this process of blood-corpuscle consumption is carried on, and whether this enhanced physiological destructive process is uniform in such diseases. The almost constant enlargement of the spleen seems to point strongly toward such an assumption.

From this point of view it would not be without interest to follow up a series of pathological appearances which rely upon an acute and accumulative dissolution of an essential part of the mass of red blood corpuscles. Perhaps this may afford us a remunerative insight into the physiological part of the question, and open the road for an advance toward a better understanding of the retrograde metamorphosis of tissues.

There are quite a number of influences which may cause a dissolution and breaking up of the red blood globules. The first instance of the kind came to light some time ago by the experiences offered by transfusion with blood taken from inferior animals, and afterward by cases of combustion. Subsequently a number of drugs and poisons were discovered which were found to possess *kythomoletic* properties, such as pyrogallic acid, hydrogen of arsenic, and chloride of potassium. The question *how they accomplish this* may be set aside for the present. A superficial view of the very different physical and chemical nature of these agents must decide that the cause in each individual case can be a different one. Once it is a *thermic* factor, as in burns and freezing; another time it is a chemical one, as in some medicinal and toxic bodies; to which can be added certain nutriments, like some of the fungi. All these influences have a common final result; namely, at the moment in which the coloring matter becomes separated from the red corpuscle and associates itself with the plasma it becomes a powerful poison; so that it can be justly asserted that such a loss of essential blood substance gives rise to more serious occurrences than an equivalent abstraction of blood by phlebotomy. In the latter case we deal only with a negative condition—a loss of blood which is easily restored; but in the former, if, through the influence of the agencies mentioned, coloring matter is separated from the stroma of corpuscles, and is left to float in the plasma,

it becomes a foreign body, of which the system has to rid itself in the easiest and shortest way possible.

This closely connected series of appearances, which are the result of the presence of free coloring matter in the blood, will, as a natural consequence, be somewhat modified if produced by the substances just named as they exercise their peculiar influence upon the various organs and tissues. If one desires to investigate these appearances clear and unaltered, the best way is to introduce into the circulation blood which has been brought to a separation by freezing, or else a simple solution of hemoglobin. In such a case no secondary effects, such as those produced by transfusion, or pyrogallie acid, or fungi, or chlorate of potassium, will follow, nor will such general disturbances as are produced by combustion (burns) or freezing obscure the symptoms.

This solution of continuity between the body of the red cell and the hemoglobin, caused by any of these agents, will be consummated either in such a way that the pigmentary elements are broken into a number of fragments, as happens after burns, when the fragments will float about for some time in the blood current and be eliminated, or the pigment is finally separated from its base and becomes mixed with the plasma. The process is entirely different if caused by chemical agents. Then the red corpuscles die in toto and float about as a cadaver in the fluids, which have at the same time received the pigment.

In either case hemoglobinemia is established within a few hours. This abnormal condition of the blood must now be accepted as the starting point, and this view must be adhered to if one desires to comprehend the symptoms. They are all secondary in character, but each by itself is not an absolute, necessary, and regular concomitant of the disease.

Among the manifold phenomena which ensue upon the dissolution of red blood corpuscles, the appearance of coloring matter in the urine is one of the most important and conspicuous. Two hundred years ago it already attracted the attention and caused the astonishment of those who practiced transfusion

with blood from the lower animals, but it is only recently that it has been properly understood. We find a shining reddish, even black, and, later, a dirty reddish or brownish urine, in which no coloring matter can be detected, but which contains an abundant amount of hemoglobin. It would be rather erroneous to accept this condition of the urine as an essential and constant concomitant of hemoglobinemia. There are undoubtedly a great many cases of blood dissolution which are not characterized by this condition of the urine mentioned. We have therefore to discriminate between *hemoglobinemia* with and without pigmented urine.

Enough stress can not be put upon this fact; and in classifying and naming the disease we are forced to recognize the breaking up of the blood as the central fact, instead of regarding as such any single symptom which is not constantly present.

Now the question presents itself, What are the means the system brings into action in order to rid itself of a substance which has suddenly become a serious poison? There are two different ways in which this is accomplished. The fragments and slags which are the result of a breaking down of the coloring element are received by one of the large abdominal organs, and there submitted to a retrogressive change. For the elimination of matters which are the result of dissolution two other important abdominal glands become active. The fragments of the first kind are received by the spleen, for which our forefathers in medicine already claimed an important rôle in diseases connected with dissolution of blood. Through the reception of pigmental fragments which are carried into it by the blood stream, this organ rapidly becomes enlarged, so that within a short time it presents a formidable tumor; and there is hardly any doubt that most cases of enlarged spleen are the result of an abnormal deposit of pigmental fragments in its pulp (spadogen tumor).

One may very easily satisfy himself that even such a considerable enlargement has no lasting bad effect upon this organ, but seems to fulfill its task with ease and promptitude; so that it not

only rids the circulating fluid in a short time of these foreign elements, but will even reconstruct the same within a few weeks.

The condition when the pigment, instead of remaining in fragments, has become part and parcel of the plasma, is comparatively more serious and even dangerous. This will not terminate toward the kidney, though hemoglobinuria was for a long time put forward as the most essential symptom of this condition, but it is, above all, assigned to the *liver*, of which we know for a long time that it attracts pigmentous matter in order to change it and discharge it, together with the bile, into the intestinal canal. In fact, the liver does prodigious work in hemoglobinemia. It secretes bile, which is unusually rich in coloring matter. The deeply colored feces demonstrate the unusual increase of secretion. It is most remarkable that this eliminative power of the liver, in its relation to hemoglobin, is strictly limited. Only one sixtieth of the total amount of hemoglobin is the liver able to hold and to transform into an essential part of its secretion. The moment this limit is exceeded the hypercholia becomes associated with hemoglobinuria. Pigment will now suddenly appear in the urine, but only so much as is in excess of the sixtieth part required by the liver. In this manner we see the pigment pass from the blood through the kidney, which, according to the amount of this excess, will be freed from it either within a few hours or a certain number of days. Very small quantities of hemoglobin, in this way forced through the renal canaliculi, will suffice to put the kidneys in a high state of irritation. So soon as the demand upon the secretory power of the kidneys is increased or prolonged, peculiar thick, muddy fluid will be discovered as a brown or greenish sediment in the reddish fluid. If the animal be now killed, the fluid just described will be found to ooze from the tubuli and its epithelium into the canaliculi. Here it solidifies and forms solid cylinders. This gives rise to the great danger associated with hemoglobinemia, as a great portion of the urinary tubules become rapidly obstructed with a semi-solid material—the only instance of the same sort known in human pathology.



While therefore the fragments of the destroyed blood, yet retaining their shape, are received by the spleen, and there gradually transformed, those which have lost their shape flow toward the liver, and, under certain conditions, are directed toward the kidneys, from which they are intended to be eliminated, the former takes up the first installment, the latter the second term, but only so much as is in excess of the sixtieth part of the whole blood, and which the liver was not able to dispose of, is carried to the kidneys. Unfortunately this is associated with great danger, as it creates an inflammation of such intensity that all the excretory ducts become obstructed. Anemia is established, and death within the first day ensues.

We are therefore justified in recognizing three principal series of phenomena characterizing so many grades of hemoglobinemia.

In cases of the first grade the essential feature is the change of the blood. This is not manifested by any morbid appearances. There is no perceptible pigmentation of urine. The liver and spleen are called into somewhat increased action without any conspicuous disturbance. There is a slight but nevertheless serious breaking down of blood cells going on.

In the second grade all the three organs—the spleen, liver, and kidneys—actively participate in the process of transforming and eliminating the debris. Here the abnormal condition of blood and urine containing hemoglobin may be observed for a day or two, but finally recovery is established. Increased action of the heart and the administration of diuretics may flush the crowded cylinders and open the way for free secretion. Cases of this nature depend upon extensive destruction of red elements, but grave and threatening organic changes have not yet taken place.

The cases of the third grade are those where the urinary canaliculi have become so completely obstructed that no pressure upon the malphigian bodies is capable of removing the obstruction. Complete anemia then results, and, under the double influence from the retention of blood pigment and of

excrementitious urinary matters, death soon follows. It depends upon the size of the dose administered to the animal whether this event takes place in one, two, or three days.

It is evident that not earlier than in the second and third category are the kidneys called upon to assist the spleen and liver. The two latter have to stand the first invasion. The other may be considered as reserve forces which are called into action when greatly augmented blood destruction requires their aid in the process of purifying the circulation.

One other important symptom yet remains for consideration, and this is the *icterus*. This symptom is not only observed in cases of artificial hemoglobinuria, produced by\* poisoning of animals, but also in those which paroxysmally occur in man. Undoubtedly this is an icterus of hematogenous origin, growing out of progressive metamorphosis of hemoglobin into bilin within the circulation.

*Whenever the kythomoletic agent has caused the detachment of so much pigment that the three organs (the liver, spleen, and kidneys) become insufficient to purify the circulation of the same, the hemoglobin is changed into methomoglobin, and then into biliary pigment.*

Apparently the liver and kidneys are still open to these elements, so that their passage into the urine is possible, and the latter presents a brownish or olive-greenish tint; but the kidneys are frequently obstructed by extensive impediments to a rapid flow, so that time is given for the pigment, which, in the meantime, has entered the lymphatics, to cause the staining of the integument and conjunctivæ.

From this it follows conclusively that the complication of this disease with icterus is a very serious and threatening occurrence. It is nothing less than the expression of inability of the three depurative organs to clear the system of the accumulated excrementitious materials.

This circumstance is in perfect harmony with the fact that in the first stage of the disease icterus is never seen; that in the second stage it is not regularly present, and if so, only on the

second or third day, and is slight and of relatively short duration; while in the third stage it is certain to make its appearance on the first day, and increases to a high degree, and persists till death.

In recapitulating what has been said, we can condense the phenomena of the three grades of hemoglobinemia as follows: Common to both is the spadoic splenic tumefaction and the hypercholia. In limited breaking up of the blood, hemoglobinuria and icterus are both absent. If the dissolution be more extensive, the pigment will appear in the urine, occasionally accompanied by slight and temporary icterus. But whenever the destruction of the red element becomes profound, we suddenly find intense and lasting hemoglobinuria, combined with intense exudative nephritis, and at the same time intense and persistent icterus.

The explanation just presented gives us an insight into the origin and connection of the various phenomena peculiar to hemoglobinemia, and it is hoped will be fertile in affording a clear understanding of the ways and means which nature adopts for the removal of the slag.\* With that only can we obtain a sufficiently reliable basis and definite plan for assisting nature in her curative efforts, and gain firm foundation for our therapeutic measures.

LOUISVILLE, KY.

\* From Berlin. Med. Wochenschrift, June, 1883.

## OBSERVATIONS ON OPHTHALMOLOGY,

AT THE ROYAL LONDON OPHTHALMIC HOSPITAL, IN 1881.\*

BY J. HALE, M. D.

Catarrhal ophthalmia was treated with instillations of a two-grain solution of nitrate of silver, sulphate of zinc, or alum, applied three or four times a day, and frequent cleansing with water. Gonorrheal ophthalmia with iced compress or iced alum lotion constantly applied to the lids, and a two-grain solution of chloride of zinc dropped into the eye several times a day, the frequency varying according to the discharge; the lids being everted and painted once a day with a twenty-grain solution of nitrate of silver; the eyes kept thoroughly cleansed with cold alum lotion; and when the discharge was very free, and collected under the lids, syringing with cold water two or three times a day was employed.

When corneal inflammation, with or without ulceration, occurred, a cold poppy lotion was used instead of the iced compress, and a two-grain solution of eserine dropped into the eye six times a day. The chloride of zinc was generally discontinued, but the painting of the lids with the silver solution continued, carefully avoiding injury of the corneal tissue by the lotion or the act of eversion. As the discharge diminished the paintings were made less frequent, as every second, third, or fourth day. The good effects of the eserine on the corneal complications were very decided.

Purulent ophthalmia was treated in about the same way, Buller's shield being used to protect the healthy eye when one only was affected.

Diphtheritic conjunctivitis was said to be very rare in London. I saw only one case, which was treated with a four-grain solution of quinine, constantly applied on lint, and a carbolized

\* Read by title before the Kentucky State Medical Society, April, 1883.

wash used to cleanse the eyes. Both eyes were destroyed by corneal suppuration.

The treatment of corneal ulceration varied according to the character of the ulcer. When it was deep, with an irregular, undermined periphery, and surrounding infiltration with or without hypopyon, eserine was used five or six times a day, the eye being at the same time bathed for several minutes every half hour with hot poppy fomentations, and quinine given internally three times a day. If there was much pain from the beginning, bathing with hot belladonna fomentations and the instillation of atropia was substituted; but in such cases the progress toward recovery was less rapid and the final result less satisfactory.

In abscess of the cornea, or if there was dense purulent infiltration around the ulcer, a section through the affected tissue was made with a linear knife, and eserine freely used. In vascular ulcer with persistent photophobia a seton in the temple was used. In the indolent, clear ulcer, stimulation with a strong solution of nitrate of silver was used. Phlyctenular ulcers were treated by insufflation of calomel or the application of the yellow oxide-of-mercury ointment. In all cases a shade was used, and the patient kept in a darkened room.

*Cataract.* In all cases of senile cataract the ordinary linear extraction was made. After the extraction a small strip of adhesive plaster was laid across the closed lids of both eyes, so as to prevent the patient opening his eyes during the period of excitement after the operation. A small piece of lint and a circular pad of cotton wool were laid over each eye, and secured by a cataract bandage. At the evening visit this dressing was removed, the patient being warned not to open his eyes, and each strip of plaster raised from below, and the lower lid gently drawn down, so as to allow the escape of any pent-up tears. The strips of plaster were then replaced, and the dressing applied as before. The next morning the eyes were bathed with lukewarm water, and the strips of plaster removed entirely, and lids dried well with absorbent cotton wool. The lower lids were then drawn down as before, to let the tears escape, and a fresh dressing



applied. In the evening the dressings were again removed, and fresh ones applied. This treatment was continued for the first week, when, if the case was doing well, it was put in the hands of an experienced nurse, who attended to the dressings in the future. On the tenth day the cataract bandage was removed, and the sound eye left uncovered. Three or four days later both eyes were uncovered, a shade only being worn.

Atropia was used in all cases where lens matter had been left in the eye, or when, from difficulty in extracting the lens, unusual interference with the iris had been necessitated.

Iritis rarely occurred before the fourth day after the operation, and was treated by instillations of atropia and leeching, followed by blistering the temple or mastoid process. Suppuration of the edges of the wound generally occurred on the morning or evening of the second day after extraction, which was manifest by edema of lids and slight purulent discharge. Frequent bathing with hot poppy fomentation was then used, and eserine dropped into the eye three times a day; the bowels freely moved with calomel and colocynth, followed by quinine in full doses; and when there was much pain, leeches were applied. Where there had been much difficulty in extraction of the lens, requiring much instrumental interference, an iced compress was applied immediately after the operation, and continued for three or four days.

After secondary operation, as needling opaque membranes, or iridotomy for closed pupil, an iced compress was applied for the first two or three days, and atropia dropped into the eye six or eight times a day.

Soft cataracts were treated by discission, and immediately after the needling a drop of atropia solution was put into the eye and an iced compress applied, and continued for two or three days, and then removed if there was no pain or ciliary injection; but in such an event the compress was continued, and a four-grain solution of atropia dropped into the eye six or eight times a day and twice during the night; and if there was much pain and tension of the globe, leeches were applied to cor-

responding temple. If the anterior chamber filled with lens matter, and the tension was very great, the lens was removed with the suction syringe or curette. After this operation the iced compress is re-applied, and atropia used freely; and when there was much pain, leeches to the temples. On removing the iced compress, a dry pad was applied, and kept on until all trouble ceased.

Strabismus was treated by an operation termed "The Moorfield's Operation." In convergent strabismus a small fold of conjunctiva and subconjunctival tissue was seized with a toothed forceps just over the inferior border of the internal rectus, near its insertion, and divided with blunt-pointed scissors, just below the forceps, through the tissues until the sclera was exposed. The strabotomy hook was then passed through the opening and under the tendon, and forward until its point could be seen above the upper border of the tendon, which was then divided with the scissors by passing them along the hook as a guide, one blade below the tendon, the other between it and the conjunctiva. After the tendon is completely divided at its insertion to the sclera, the hook is swept freely upward and downward between the muscle and sclera, to ascertain whether the tendon is completely disconnected with the sclera or not; and if any connection still exists, it is severed, and the hook passed again, and so on until the hook passes freely into the edge of the cornea. When the squint exceeded three lines, both eyes were operated on, so as to divide the effect as near as possible between the two.

In divergent squint the external rectus was divided in the same way.

In entropion of the upper lid "Burow's operation" was made in every case I saw treated. It is comparatively a new operation, and is not well described, so far as I know, in any work on diseases of the eye. Nettleship mentions it in the first edition, but gives a very meager description of the operation. So I will briefly describe the operation, with some modifications which I think render it easier of execution and more efficient.

The eyelid is drawn down, and the end of a horn spatula is placed on the lid, which is then everted. The operator holding the spatula and lid in place with his left hand, an incision is then made entirely through the tarsal cartilage, about a line and a half from its border, with a sharp-pointed knife. Then the semi-blunt point of a pair of scissors is inserted beneath the cartilage, which is completely severed from the inner to the outer canthus. The lid is then replaced. When the skin is very lax, and the tarsal cartilage curves in much, a piece of skin is removed from the lid by pinching it up with forceps and removing it with scissors. The edges of the wound are then brought together by fine sutures.

The modifications I have adopted are to pass a needle armed with a strong silk thread through the border of the lid, midway between the outer and inner canthus, which I use in everting and holding the lid on the spatula. I then cut through the tarsal cartilage near the middle, and about one line from the anterior edge, with a small scalpel, and introduce the point of one blade of the scissors through the incision and beneath the cartilage, and divide it to the end; then, reversing the scissors, divide it to the other end, cutting a narrow strip off the edge of the cartilage its entire length; then replace the lid, and fasten both ends of the thread with adhesive plaster to the forehead just over the brow, making sufficient tension on the threads to slightly elevate the edge of the lid; allow them to remain twenty-four hours, and then remove them.

The operation, I think, possesses advantages over any other that has ever been made for entropion of the upper lid. It is easy of execution, attended by but little pain and no risk, leaves no deformity, and is almost universally successful.

In conclusion, I deem it but justice to myself to state that the limited space to which I was confined necessitated the brevity, and limited my paper to only a few of the most common and important affections of the eye.

EPITHELIAL CANCER OF THE GLOTTIS AND TRACHEA—  
TRACHEOTOMY—DEATH.

BY W. M. FUQUA, M. D.

November 15, 1882, Mrs. C., a widow with one child, came to my office for consultation relative to some obstruction in her breathing. She had always been well and strong until six or eight months previously, when she began to suffer from cough and expectoration of muco-pus, and occasionally a little blood. Her breathing gradually became shorter, more difficult, and distressing, so that she was unable to attend to her household duties. Prior to this dyspnea she had been an excellent vocalist; is thirty-eight years of age, and weighs one hundred and forty pounds. There is no evidence of organic disease of the heart or aneurism of the arch of aorta or syphilitic history. She sleeps but little, and this under morphia, and when asleep the stridulous breathing is very distressing. Auscultation revealed sibilant and sonorous râles in the upper portion of the left lung, and the tracheal sound was of the same character as we hear in membranous croup. Externally there was an enlargement quite perceptible just in front of the body of the thyroid cartilage. Examination with the laryngoscope revealed an ulcer at the base of the epiglottis, with thickening, induration, and congestion within and around the glottis. The vocal cords could be seen very imperfectly. She takes her food cautiously, and is often greatly distressed by the escape of fluids into the trachea. The danger of her situation was explained to her, and no hope of relief was held out except by tracheotomy, and this only as a "dernier ressort." She was directed to spray the ulcerated surface with a solution of bromide of potash, the external enlargement to be painted with iodine, and to take the arsenite of potash in ten-drop doses three times a day. From this period up to March 1st I saw this lady several times without any change for the better. She had lost flesh, and it became evident that



there was some malignant disease, presumably epithelial cancer of the larynx and trachea. After this period I saw this patient no more until the second of June, when Dr. Fairleigh and myself were called in consultation with Dr. J. C. Whitlock, when we unanimously agreed that tracheotomy was imperative, only for present comfort and prolongation of life.

On the 6th inst. the operation was done, Drs. Clarke, Dulin, and Williams being present, together with Drs. Fairleigh and Whitlock. After laying bare the crico-thyroid membrane and the three upper rings of the trachea, this space was divided, which was followed by blood from the thickened mucous membrane pouring out within the trachea, which momentarily threatened her life. After the bleeding ceased, the tracheal tube was introduced, and at once her respiration was improved, but not to that extent we expected, and it now became evident that some obstruction existed farther down the trachea or within the bronchi. This obstruction was doubtless due to infiltration of carcinomatous matter and narrowing of the large bronchi.

On the 9th inst. I visited the patient again with Dr. Whitlock, and introduced a larger tracheal tube. Her breathing was much better, and she was more hopeful. On taking fluids, I found that at least half was expelled through the tracheal tube, which was due to destruction of tissue. Her condition continued about the same for several days, when finally she was awakened from sleep by cough at night, which was followed by copious hemorrhage, evidently from her lungs, which, in a short time, induced death by strangulation.

*Remarks.* This case is only remarkable because of its rarity. Dr. Delafield, of New York city, before the New York Medical and Surgical Society, April 22, 1882, reports a somewhat similar case, and states that, so far as he was informed, there were only three or four cases on record.

HOPKINSVILLE, KY.



## Reviews.

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**A History of Tuberculosis from the Time of Silviu.** Being in part a Translation, with Notes and Additions, from the German of Dr. Arnold Spina. Containing also an Account of the Researches and Discoveries of Dr. Robert Koch and other Recent Investigators. By ERIC E. SATTLER, M. D. Cincinnati: Robert Clarke & Co. 1883. 1 vol. 8vo. Pp. 190.

This timely little volume will be welcomed by all who take an interest in the vital problem with which it deals. It will be found especially useful to those who have not been able to keep up with the recent literature of tuberculosis, and must prove of interest to all who desire to be informed on this subject. The volume gives a history of the study of tuberculosis from the time of Silviu, whose work, published in 1680, was the first to give an accurate description of tubercles of the lung. The gradual development of the knowledge of tuberculosis forms a most instructive and interesting part of the history of medicine in modern times. It is here traced with fidelity and skill.

The first five chapters are a free translation, with a few notes and additions of the first part of the work of Dr. Arnold Spina, entitled "*Studien üben Tuberculose*," which recently appeared in Germany. Dr. Spina has since been promoted to a professorship, and is known as the most conspicuous as well as the ablest opponent of Koch's theories. In these five chapters the author takes up successively the Pathological Anatomy and Histology of Tubercle, Inoculation Experiments, Inhalation Experiments, Feeding Experiments, and Experiments with Tubercle Virus. The learned German has brought his history down to the period immediately before Dr. Koch's discovery, and Dr. Sattler here takes up the subject, and in the sixth and seventh chapters gives an account of Koch's experiments and of the investiga-

tions which have since been carried on by others. Among the latter, undue notice is accorded to Schmidt's pseudo-discovery, which has already received an inevitable quietus. This person undertook to prove that the tubercle bacilli of Koch are not bacilli at all, but simply minute crystals of fatty acids. Spina's criticisms of Koch's experiments and theories are given, and are followed by Koch's reply to Spina.

The volume is attractive in every respect, and will be read with pleasure. The subject of tuberculosis is destined to receive great attention in the near future, as it has in the past. A final result can not be said to have been reached. As Dr. Sattler remarks, "Whether Koch has been too sanguine in the one direction, or Spina has gone too far in the other, it is not for us to say. . . . This much may, however, be said: We are yet on the threshold of a great discovery, and it will require constant inquiry, patient investigation, and deep research before the true relation of bacilli to tubercles, and the part they play in their pathology and causation, are fully determined."

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**A Manual of Auscultation and Percussion**, embracing the Physical Diagnosis of Disease of the Lungs and Heart, and of Thoracic Aneurism. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Third edition, revised. Philadelphia: Henry C. Lea's Son & Co. 1883. 1 volume. Pp. 240.

The two former editions of this work have made the profession thoroughly acquainted with its merits, which are numerous and great, and its defects, which are few and small. In the present edition the former have become augmented and the latter have been almost entirely eliminated. The style is clear and devoid of all redundancy and indirectness. The work has been revised and condensed so much that the author at times reaches a degree of conciseness which may be permissible in a mere

hand-book, but would mar the usefulness and worth of a treatise of larger scope. It is the safest guide in physical diagnosis of the diseases of the thoracic organs; unburdened by the old, familiar, hackneyed illustrations which swell the bulk and cost of many other manuals of physical diagnosis; thoroughly practical; perfectly accurate. Professor Flint has written many good books, but none better, or better fitted for its intended use, than this.

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**The Microscope and its Revelations.** By WM. B. CARPENTER, C.B., M.D., LL.D., F.R.S., F.G.S., F.L.S., etc. Sixth edition. Illustrated by twenty-six plates and five hundred engravings. New York: Wm. Wood & Co. 1883. 2 volumes, 8vo. Nearly 750 pages.

When a work has passed through five editions, its rank and position as a fair product and its fitness for the purpose intended by its author may be said to have become sufficiently established. The book is well known, has had a wide circulation, and is generally appreciated. How its great author has executed the difficult task he has set before him, there is now no need to tell. It will, however, be of service to give an account of the contents, so that medical men may be able to form an idea of the character and scope of the work. The first volume contains three hundred and eighty-eight pages, divided into nine chapters. The first chapter, on the Optical Principles of the Microscope, occupies the space of thirty-nine pages. The second deals with the construction of the instrument and the different varieties in use. This occupies considerable space, and is thoroughly worked up in forty-six pages. In the third chapter are considered the accessory apparatus, and this takes up forty-four pages. The fourth chapter deals with the management of the microscope, and the fifth with the preparation, mounting, and collection of objects. The end of the last chapter brings the work up to the two hundred and twenty-second page. The four remaining

chapters are devoted to the Microscopic Forms of Vegetable Life, Simple Algæ, Protophytic and Other Fungi, Lichens, Microscopic Structure of Higher Cryptogamic, and Microscopic Structure of Phanerogamic Plants.

The second volume contains three hundred and fifty-four pages, divided into thirteen chapters, and an appendix and index. Here the author takes up the microscopic forms of animal life. Excepting those parts which relate to the optical principles of the microscope, its construction and management, the preparation and mounting of objects, etc., there is but little in the work which can be said to be of interest to the medical man as such, but there is a vast amount of material exceedingly interesting from a general scientific point of view. The illustrations are coarse, yet not more so than must be expected in a cheap and popular edition intended to be within the reach of every one.

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**Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the fiscal year 1882.**

This is an attractive volume of 304 pages, very creditable to the service, and furnishing additional evidence, were any needed, of the ability and good judgment of Surgeon-General Hamilton. On pages 40 and 41 an interesting exhibit is made, showing the difference between the marine hospital management prior to 1871 and at the present time. It is needless to say that there has been marked improvement in the manner of carrying on these hospitals. Such a state of things as reported in 1849-50 by Edward Loving, and in 1869 by J. S. Billings, would be simply impossible under the intelligent and watchful administration of Surgeon-General Hamilton. Nearly one half of the book is devoted to reports of selected cases from hospital practice. These are well selected and ably written, and some of them are accompanied by very good and attractive illustrations. Dr.

Sawtelle contributes seventeen cases of rheumatic effusions in the joints treated by aspiration. A case of aneurismal varix, involving the external iliac and the femoral vessels, with general observations on the disease, is reported by Dr. C. C. Banks. Dr. H. R. Carter furnishes a report of an interesting case of stab wound followed by artificial anus. Operation; recovery.

Surgeon W. H. Long contributes a very well-written report of a case of mortification, involving a portion of the nates and nearly the whole scrotum. Recovery.

Many other reports of more or less importance follow. The reports of fatal cases, with autopsies, form a most interesting part of this volume. They are clear, concise, and satisfactory, and embrace a large number of diseases, both medical and surgical.

A paper on the hygiene of the steamboats on the Ohio River, by Surgeon Walter Wyman, closes the volume. It is thoughtful and well written, and merits attention.

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**Guy's Hospital Reports.** Edited by H. G. HOWSE, M.S., and FREDERICK TAYLOR, M.D. Vol. xli, being vol. xxvi of the third series. London: J. & A. Churchill. 1883. 1 volume, 8vo. Pp. 515.

This volume contains twenty-one contributions from different members of the medical and surgical staff of this famous hospital. Almost all the papers are of value and interest. One, on abnormalities observed in the dissecting-room of Guy's Hospital during the sessions of 1880-81 and 1881-82, not only presents many interesting anatomical deviations from the norm, but also reminds one that the duty of observing, recording, and publishing such anomalies devolves upon all engaged in practical anatomical work. How much valuable information of this kind is annually thrown away in the dissecting-rooms of this country!

The article by W. Arbuthnot Lane, B.S., on cases of empyema in children treated by removal of a portion of a rib, is made



up of the records of five cases thus treated, and is a practical and really excellent contribution.

Mr. Thomas Bryant has contributed a rather voluminous article on the surgical affections of the tongue. It is amply and beautifully illustrated.

The paper on idiopathic anemia contains a full table of selected published cases. It is a very useful contribution to the elucidation of a subject which needs much additional light.

Cases of Multiple Small Abscesses of the Liver is the title of a paper by Dr. R. E. Carrington. It is one of the best in the volume.

Among others must also be mentioned articles on hemi-anesthesia, by Samuel Wilks; on acute gonorrheal rheumatism, by J. H. C. Davies Colley; the minute anatomy and origin of the enchondromata of the salivary glands, and a paper on two cases of pulsatile tumor at the root of the neck, by C. H. Golding Bird and F. A. Mahomed, M. D.

This report, like its predecessors, is entitled to a prominent place among the many excellent publications emanating from the great London hospitals.

## Clinic of the Month.

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THE QUESTION OF TREPHINING IN INJURIES OF THE HEAD.—H. B. Sands, M. D., the very able Professor of the Practice of Surgery in the College of Physicians and Surgeons of New York, discussed this question with his usual practical discernment in a paper recently read before the New York Surgical Society. He said: It is hardly necessary to remark that a fracture of the skull derives its chief importance from the concomitant or subsequent injury which is sustained by the intracranial contents; and just as no prudent surgeon would dream of converting a simple fracture of the leg into a compound one for the sake of obtaining an accurate adjustment of the fragments, so the plea for preventive trephining in cases of simple depressed or comminuted fracture of the cranium, without head symptoms, is based upon the supposition that, by operating, the danger of subsequent cerebral mischief will be averted. I can not admit the force of this argument, which seems to me to undervalue, on the one hand, the resources of nature, and on the other hand the risks inseparable from surgical interference. Every surgeon present has doubtless met with examples of simple depressed fracture in which no alarming head symptoms were present, and in which permanent recovery took place without any active treatment. Surgical literature abounds in such cases. Textor cites twelve instances of depressed fracture verified by post-mortem examination, in seven of which the depression was complete, involving both tables, and in all of which recovery had taken place without any impairment of the cerebral functions. Similar observations have been recorded by Erichsen, Nunn, Bruns, and many other trustworthy writers.

In cases of simple comminuted fracture, without marked depression, but with considerable displacement of the frag-

ments, early trephining is sometimes advocated, on the ground that unless the loose pieces of bone are removed by operation they will probably become necrosed, and thereby set up fatal intercranial inflammation. But neither of these statements is confirmed by experience. We can rarely feel certain that the comminuted portions of bone, even though freely movable, are completely detached from their vital connections; for they may still be adherent to the pericranium. But, admitting their isolation to be complete, it is conceivable that their vitality might yet be preserved by newly-formed attachments to the surrounding parts. In support of this view I may cite a case lately published by Prof. Macewen, of Glasgow, who, having applied the trephine in a compound depressed fracture of the skull, took a piece of the inner table which had been completely detached, and laid it in the trephine aperture. The transplanted bone caused no irritation, and the wound healed without any signs of inflammation. Nevertheless, it can not be denied that necrosis may occur under the circumstances above mentioned, although it is comparatively rare, when the fracture is simple. It must also be granted that, when occurring, the suppurative action excited by the presence of the dead bone may extend to the membranes of the brain, causing fatal complications. But there are so many recorded examples of necrosis following gunshot injuries of the head, in which very large pieces of necrosed bone have been removed without the occurrence of cerebral symptoms, that preventive trephining can hardly be defended unless it can be shown to be an operation free from serious risk.

The performance of the operation in cases of simple depressed fracture without head symptoms, with the object of removing sharp fragments of the inner table, which it is assumed may have penetrated the membranes of the brain, or perhaps the brain itself, seems to me also quite unnecessary. It is true that in severe cases of simple fracture the internal table is often very extensively injured, and Bergmann has aptly remarked that a mere inspection of museum specimens might lead one to infer that simple fractures were graver injuries than those which are

compound. But clinical experience proves that these extensive osseous lesions are often recovered from without surgical interference.

On the whole, then, it would appear that the apprehensions felt by those who advocate preventive trephining in the circumstances mentioned are scarcely justified by observation. And if this fact is admitted, the propriety of performing the operation of trephining must be considered as at least very doubtful. If our means of diagnosis were more exact, and if we were able to predict what cases would turn out badly if left to nature, active interference would often be an obvious duty; but in the absence of such knowledge it seems unjustifiable to subject the patient to an operation which must convert a simple into a compound fracture, with its attendant dangers of suppuration in close proximity to vital parts. Although a firm believer in the excellence of antiseptic surgery, I regard the unbroken skin as a surer protection to the deeper parts than the best surgical dressing that has yet been invented; and when we remember that occasionally, even in careful hands, accidents occur in performing the operation, such as wounding the dura mater, or perhaps the brain, or one of the larger sinuses, we have still further reason to follow the conservative method of treatment which is sanctioned by the teaching and experience of the great majority of living surgeons.

The course which should be pursued in cases of simple fracture of the cranial vault, accompanied by head symptoms, is by no means easy to decide. The unknown quantity vaguely expressed by the term "head symptoms" often leaves us quite in the dark regarding the seat, nature, and extent of the traumatic lesions, so that we can not foretell whether the operation of trephining will prove beneficial, useless, or injurious. In endeavoring, however, to arrive at a definite conclusion on this point, there are certain well-known pathological and clinical facts which may sometimes guide us. Compression of the brain resulting alone from a fragment of depressed bone is rarely of long duration. Often, as has been remarked, considerable

depression exists without any interference with the cerebral functions; and even when the depressed bone causes symptoms of compression, these frequently disappear gradually as the cerebro-spinal fluid becomes displaced or absorbed, and the circulation in the brain is restored to its natural condition. Hence, even when we trephine successfully in cases of depression, we can not always be sure that the favorable result is due to our intervention. This point is happily stated by Dieffenbach, who records his experience in the following words: "A boy fell from the first story down upon a stone pavement, and received a fracture of the right parietal bone, of which a piece three inches in circumference was depressed several lines in depth. He lay comatose. I trephined him. He recovered, and I believed that I had saved his life by the operation. A year later he fell from the same place, and struck again upon the stone pavement, this time breaking the left parietal bone, just as he had before broken the right one. He recovered without trephining. Again I believed that I had saved his life, and I began to think that he had shown much endurance at the time when he survived the operation."

It has been clearly shown that in severe cases of simple depressed fracture, accompanied with marked and prolonged signs of compression of the brain, other lesions usually co-exist, such as contusion or laceration of the brain, or hemorrhagic extravasation, which may take place between the dura and the skull, in the arachnoid cavity, in the substance of the brain, or on its surface, from the vessels of the pia mater. If we except those rare instances in which the compression is due solely to an extravasation between the dura and the cranium, we shall have no reason to expect that benefit would result from the application of the trephine. So far as the brain substance is concerned, the damage which it has sustained is beyond the reach of mechanical aid. Its integrity, if restored, will be slowly regained, as in cases of ordinary apoplexy, by absorption of the extravasated blood. And the same process goes on in favorable cases when blood is effused upon the surface of the



brain. We have probably all seen examples of coma lasting for days or for weeks after head injuries, but which yet ended in recovery, due, as we may fairly presume, to the gradual disappearance, by absorption, of the extravasated blood. When we consider how large a quantity of blood is often poured out within the cranium in cases of fracture, we can not avoid the inference that the compression which it exerts is far greater than ever occurs from any depression of bone that we should think of treating by operation. In such cases trephining would be useless, either in consequence of the depth of the extravasation, or because, being widely diffused over the surface of the brain, the effused blood would not escape through the artificial opening made in the skull. Furthermore, the operation might in some cases prove injurious by provoking meningitis. In other words, the very facts which have been urged as affording an indication for the employment of the trephine in cases of simple fracture may, in my judgment, be used as an argument against the propriety of the operation. I refer to the gravity of the injury and the severity of the symptoms. Where the fracture is of great extent, and accompanied with severe contusion or laceration of the brain, or with copious intracranial hemorrhage, it is extremely doubtful whether the trephine can ever be employed with advantage; while the operation must, by increasing the mechanical injury and by favoring the occurrence of suppuration, add not a little to the already existing danger which threatens the patient's life. Perhaps I do not fully appreciate the comparative safety which attends the performance of the operation according to modern antiseptic methods, but I believe that in this class of cases future experience will prove active interference to be of doubtful utility.

There are two conditions, however, either one of which, when present, renders imperative an immediate resort to the trephine. One of these is the case in which the fracture is of limited extent, and in which there is reason to think, from its situation or from the occurrence of monoplegia, monospasm, or hemiplegia, that a splinter from the inner table may have pene-

trated the motor tract of the cerebral cortex. But, as we have seen, the fractures which are attended with such displacement of fragments of the inner table are usually of small extent, and are almost invariably compound. The other case is the one in which compression of the brain is caused by an accumulation of blood between the dura mater and the cranium. Such an accumulation may result from a wound of one of the larger venous sinuses, but in a large majority of instances it depends on a wound or a laceration of the middle meningeal artery. The accident is most frequently accompanied by a compound fracture; but it may be met with in cases of simple fracture, and occasionally when no fracture is present. When there exists a compound fracture, the blood usually escapes through the external wound, thus rendering the diagnosis easy; but when the fracture is simple, or when the artery alone is injured, the extravasated blood separates the dura mater from the cranium, and may be poured out in sufficient quantity to cause fatal compression of the brain. The amount of blood thus extravasated may be as much as half a pint. When the brain has not sustained severe injury, and the symptoms of concussion are but slight, the signs of the arterial lesion may be quite characteristic. After a blow has been received, usually in the temporo-parietal region, the patient, although perhaps slightly stunned, soon regains consciousness, and exhibits no marked signs of cerebral injury. But after the lapse of a few minutes, or possibly several hours, symptoms of compression appear, and soon become very marked, the patient often dying within twenty-four hours from the time of the accident. Hemiplegia sometimes occurs before insensibility is complete; and its detection is important, for the reason that a blow upon one side of the head has been known to cause a rupture of the artery on the opposite side. The accident affords a clear and positive indication for the application of the trephine; yet there are but few recorded cases of the operation. Adding one recent case to the list compiled by Bergmann, there are one hundred well authenticated examples of hemorrhage from the meningeal artery. Of these,

seventeen ended in recovery, and in twelve out of this number the blood escaped through an external wound. Of the remaining five, one recovered without operation, the diagnosis being confirmed by autopsy when the patient died three years later of pneumonia. The other four recovered after operation, the blood being evacuated through the trephine opening.

While believing that trephining is to be recommended in all cases of compound fracture in which the depression is marked, but of no great superficial extent, and in all cases of punctured fracture when there is reason to suspect that the internal table is extensively splintered or depressed, I am strongly opposed to active interference when the fracture is of great extent, and when the depression is not limited or abrupt. It is true that these cases are usually fatal; but I am sure that nothing can be gained by the extensive operative procedures that would be involved in any attempt to remedy the displacement. Aside from those cases in which the brain has suffered irreparable damage, I think that in future many successes will be obtained by careful antiseptic treatment of the wound, such as recommended by Lister in the management of compound fracture of the bones of the extremities. The most scrupulous cleansing of the wound, the arrest of hemorrhage, the removal of foreign bodies, loose fragments of bone, and of detached portions of brain matter, if present, followed by proper drainage and dressings, is, in my judgment, the only means which, with our present knowledge, promises any benefit in this nearly desperate class of injuries.

HEMATOMA IN THE UPPER PORTION OF THE MEDIASTINUM PRODUCING DEATH BY SUFFOCATION.—Dr. J. T. Eskridge said (Pathological Society of Philadelphia) that he obtained the specimen from a colored man, porter, aged thirty-two years. He had led an irregular life, but it was not positive that he had ever contracted syphilis. During the past winter he suffered from a severe cold on the chest, and was told by his physician that his heart was inflamed. With the exception of slight cough, unat-

tended by any difficulty in breathing, he had considered himself in excellent health on June 10, 1883, when, after carrying a heavy trunk on his shoulder from the first to the fourth floor of a hotel at Cape May, he was seized immediately with great difficulty in breathing, and was compelled to seek the open window to prevent suffocation. During the next two days, while still remaining at the sea-shore, he suffered from several attacks of shortness of breath, each lasting from several minutes to an hour or more.

He was admitted to the hospital of the Jefferson Medical College on June 12th, about sixty hours after the occurrence of the accident. On admission his breathing was so labored that he was unable to speak. He was gasping for breath, and bathed in profuse cold perspiration. Respiration 36, with greatly prolonged expiration; pulse 100; temperature 99.7°. Inhalations of amyl nitrite and the hypodermic use of morphia and brandy seemed to give relief. The attack lasted about twenty-five minutes. He slept well during the night, and was tolerably comfortable until 5 P. M. the next day, when he had another paroxysm, which was promptly checked by amyl nitrite, morphia, and dry cups to the chest.

14th, A. M., Dr. Eskridge saw him for the first time. The patient was breathing quietly, and said that he felt comfortable. Pulse and temperature were nearly normal; urine contained neither albumen nor sugar. No cardiac murmur was detected. Lungs were hypo-resonant at their apices. Loud, moist, bronchial râles were present throughout both lungs. In view of the man's former freedom from attacks of dyspnea, he thought that he detected nothing capable of giving rise to so great interference with respiration. The next two days no dyspneic attacks occurred, and he seemed to be doing well.

17th. His breathing was distressing for several hours. Nothing seemed to afford much relief.

18th. Severe asthmatic breathing came on at 6 A. M., and lasted in its worst form about six hours. Chloral hydrate gave some relief. After that paroxysm his breathing did not again



become quiet. He died, exhausted, at 7 P.M. the next day. With the exception of occasional headache, he did not complain of pain at any time.

*Sectio cadaveris* made by Dr. Parrott, the medical resident.

*Thorax.* Pericardial sac was completely obliterated by old firm adhesions between the pericardium and heart. The heart was rather soft, and both ventricles were relaxed and contained considerable dark fluid blood. Valves nearly normal. Both pleuræ were adherent to the upper portion of the pericardium, and the left pleura was every where adherent to the lung. Both lungs were emphysematous at their apices, and considerable lobular emphysema existed. Bronchial tubes were congested, and contained considerable mucus.

A semi-solid or rather soft oblong body, about two inches long by one and a half wide, was found lying upon the lower anterior surface of the trachea, imbedded in connective tissue and firmly held by old adhesions. It occupied a position just above and behind the transverse portion of the arch of the thoracic aorta. Three of the rings of the trachea, in the position where greatest pressure was exerted by the semi-solid mass, presented a dark color, and one of the spaces between the discolored tracheal rings was nearly ulcerated through from the effects of pressure. On cutting into the tumor it was found to consist of blood more or less clotted. The caliber of the trachea was greatly lessened at the seat of hemorrhage. No ruptured blood-vessels were found. No disease was observed in any of the arteries. The abdominal organs were nearly healthy in appearance.

Commenting on the case, Dr. Eskridge said that numerous cases of rupture of the aorta, or of smaller blood-vessels, into the trachea, bronchi, esophagus, or mediastinum were on record; but in all of them, so far as his knowledge went, death resulted directly from loss of blood. The peculiarity of the case of which he had given a description was the formation of a hematoma in the mediastinum. In hemorrhages into that space the blood usually gravitated to the lower portion of the



chest, and the patient soon died from loss of blood. In the case he presented, however, on account of extensive, old, and firm adhesions of pleuræ, pericardium, connective tissue, and every thing else in the upper portion of the mediastinum, a hemorrhage in that situation must necessarily have been circumscribed, and could have taken place only gradually by dissecting up the adhesions. He thought that the condition of the parts that prevented an extensive hemorrhage predisposed the smaller blood-vessels, especially the veins, of that locality to rupture. In view of the extensive alterations, by means of general adhesions, that had taken place at the seat of hemorrhage, it was not surprising that rupture of a blood-vessel should have occurred when the parts in the anterior region of the neck and upper portion of the chest were suddenly put upon the stretch, as occurred in the act of raising a heavy trunk from the floor and placing it upon the shoulder. From the specimen as he obtained it he was unable to say whether the hemorrhage had occurred from a rupture of the aorta or one of the smaller vessels, or from the bursting of a very small vessel that had become aneurismal. The tearing across of small veins would have been sufficient to give rise to the extravasated blood. (*Medical Times.*)

BUBO.—Some authorities have supposed that the development of a bubo is influenced by the dimensions of the primary sore, but this is certainly not the case. The smallest chancroids may be succeeded by the most formidable buboes; and the inguinal affection generally sets in within ten or fifteen days from the appearance of the chancroid. But there are frequent exceptions to this rule, and a bubo is sometimes formed as late as a month or even two months after the chancre has completely healed.

The diagnosis of bubo is in many cases unattended with difficulty. While the abscess is still closed its investing integument will be thin and of a livid hue—in short, it will exhibit signs of mortification from which the nature of its contents may be easily inferred. If it be laid open by incision, the edges of

the wound will have an ulcerated appearance, and the whole anterior wall will be no thicker than a sheet of paper. If it breaks spontaneously, the abscess wall will present three or four sieve-like openings which will speedily enlarge and merge into one another, so that the bubo at last will take on all the characters of a simple chancre. In some cases this ulcer heals spontaneously, the pus discharges outwardly, the cavity closes, and the affection terminates like a non-specific bubo.

As to treatment: If pus has formed it should be evacuated at once by free incision, after which, if the wound be properly attended to, healing takes place in favorable cases without further trouble. But more frequently the artificial opening instead of closing becomes larger, and the neighboring tissues are affected by the burrowing of pus. In this case the abscess should be freely laid open by scissors, thus obtaining an exposed surface to which dressings can be conveniently and effectually applied. The best local application is that of iodoform. Its only disadvantage is the intolerable odor it diffuses, which is sufficient to debar it from use in private practice, except as a final resort. In its stead phenic acid may be employed, and the affected surface painted over with iodine every morning,

While simple bubo may be completely cured in fifteen days, the variety we are considering requires at least a month of treatment. Phagedena is its most formidable complication. This appears under three forms—pultaceous, inflammatory, and gangrenous. Each is marked by special features; but the results most to be feared in this connection are the production of hemorrhage and the breaking down of the constitutional forces. Thus, in one of our hospital patients this very year, a phagedenic ulcer which formed on one side of the sacrum laid bare the bone and brought on spinal meningitis, which soon terminated fatally.

Any debilitating influence may give rise to phagedena, but thus far we must confess that its exact mode of origin is inscrutable.

When thus complicated, the duration of a syphilitic bubo

will be from three or four months to a year. A single case has been reported in which it lasted fourteen years. (*Journal Cutaneous and Venereal Diseases.*)

**BORACIC ACID IN CERVICAL ENDOMETRITIS.**—Mrs. H., two years ago, after the birth of her fourth child, developed an acute endometritis. As soon as the nature of the trouble was determined, I commenced treating her at once with a solution of acid carbolic and liq. ferri subsulph., Monsell's solution. The os was patulous, readily admitting of medication. This treatment gradually improved her condition, and at the expiration of two months I discharged her as cured. She remained in perfect health up to within about three months of present writing. About this time she called at my office, presenting many of the symptoms of her old trouble.

Examination with the aid of a speculum revealed all the old symptoms greatly exaggerated. I at once resorted to my former method of treatment, but each time with negative results. I went through the whole list of remedies used in such cases without any apparent change; indeed, it seemed each application only intensified matters. It finally occurred to me that perhaps milder means would prove more potent, and therefore boracic acid was selected as being the best thing to fill all the indications. The first application was made by moistening a hair pencil and covering it with the powder. This was then carried as high up as possible, applying the same to the convexity of the neck, there being a good deal of excoriation at this point.

At my next visit, four days subsequently, I found such a decided change for the better that I determined to continue in the treatment. This time, however, I pursued a different course. Instead of using a small amount of the powder, I packed the cervix as firmly as admissible with the acid. Withdrawing the speculum, I directed the patient to elevate the hips and remain in that position two or three hours, believing by this means some of the acid as it dissolved would naturally find and medicate the parts above the cervix.

One week from this date I made the third examination, and to my surprise found no trace of inflammation. The patient informed me she could hardly realize the change of so short a period.

I have often observed in acute inflammatory condition of the mucous surfaces, notably pharyngitis, that astringents and caustics oftentimes aggravate the trouble, but, on the contrary, a mild application or gargle, either of hot water or hot water and milk, equal parts, gives almost instantaneous relief. This same rule can, I think, with equal success be applied to uterine therapeutics. (W. H. DeWitt, M. D., in *Lancet and Clinic*.)

PREVENTION OF SEA-SICKNESS.—In these days of frequent ocean traveling the prevention of sea-sickness is a problem the successful solution of which must be regarded as of no mean importance. Dr. Henry Bennet, in the *British Medical Journal* of August 11th, highly recommends the following plan, which he has found efficacious in his own person and in many friends and patients:

1. A good, easily-digested meal should be taken four hours before embarking.

2. A cup of strong black coffee should be taken just long enough before embarking to secure its absorption; one hour if it is taken with sugar only, two hours and a half if taken with milk.

3. The coffee must be good and strong, unmixed with chicory, or it will do no good.

4. There should be nothing in the stomach—nothing for the stomach to do.

5. The dose necessary is about an ounce and a half of pure coffee powder made into an infusion with four ounces of boiling water. Infuse for ten minutes.

6. If sickness ensue and food be thrown up, the conditions to secure immunity have not been complied with, and the non-success is not a real feature of the remedy.



7. The stomach being full on going on board does not prevent sea-sickness, but rather promotes and causes it.

8. On short journeys the above plan hardly ever fails. On longer journeys coffee should be taken in the same way, after which the patient ought to lie down in his berth.

9. The influence of a strong dose of coffee on the nervous system lasts for eight or ten hours. During this time the body may become accustomed to the motion of the ship.

10. It is better to take no food, either liquid or solid, until the feeling of hunger or thirst shows itself. For assuaging the thirst, soda or apollinaris water, with or without brandy or champagne, may be sipped. For allaying hunger, *café au lait*, with or without a little bread, may be taken, and, that agreeing, curry, as advised by Dr. Kendall, may be tried.

11. In the continued sickness of long voyages great and often permanent relief may be obtained by injecting per rectum, at night, fifteen or twenty drops of laudanum in an ounce and a half of warm water. If not retained, this may be repeated in an hour and a half.

CARCINOMA OF BOTH OVARIES—DOUBLE OVARIOTOMY—RESECTION OF INTESTINE AND BLADDER—RECOVERY.—Dr. Moritz Schustler (*Wein. Med. Woch.*) reports the following case from Billroth's clinic: A married woman who had had six children and one miscarriage had suffered from the following symptoms for four years, Intense pain in the hypogastrium at intervals, gradually growing worse, accompanied by fever and tenderness; later, shortness of breath and palpitation of the heart, frequent micturition and constipation. A tumor was first noticed five months before the operation, in the left side, the size of an apple, which grew rapidly, so that at the time of the operation it reached almost to the false ribs. Loosely connected with it was a second tumor to the right, and not so large as the first. There was only slight mobility; the surfaces were nodulated; there was no fluctuation. The uterus seemed pushed to the left side and behind. The operation was done without spray, but



under strict antiseptic precautions. On reaching the tumor, and attempting to lift it out of the abdomen, it was found to be closely adherent to the upper part of the posterior wall of the bladder. As the tumor seemed to be malignant, Prof. Billroth decided to excise the adherent portion of the bladder, and a piece three centimeters long and two centimeters broad was removed. The wound was closed by six fine silk sutures. It was then found that the posterior surface of the tumor was so firmly adherent to a part of the small intestine that it could not be dissected off. A piece twelve centimeters long was therefore cut off, and the two ends of the severed intestine joined by fourteen sutures, five internal at the insertion of the mesentery, and nine for the rest of the circumference. The rest of the operation presented no especial difficulties. The convalescence was undisturbed by any complication. Flatus passed on the second day, and on the sixteenth there was an operation of the bowels following an enema. The catheter was used for the first few days only. On the twenty-fourth day the patient left the clinic well. According to later accounts, the woman is in perfect health, and fifteen months after the operation there has been no sign of a recurrence. This is said to be the second case of resection of the intestine on record, the first having been performed by Madelung. (Boston Medical and Surgical Journal.)

HOT-WATER ENEMATA IN DELIVERY.—Dr. D. S. Beckingsale writes, in *British Medical Journal*, that “The value of hot-water enemata as a means of hastening delivery, apart from its use in the removal of fecal accumulation, in such cases of tedious labor in which either ergot or the forceps are admissible, has been hitherto unaccountably ignored in practice, as far as my experience extends. I formerly had warm-water enemata given with the usual object of removing fecal obstruction from the rectum. In most cases an increased rate of dilatation of the os followed. Latterly I have had enemata of hot (not merely warm) water administered, whether there were any appreciable collection of feces or not, and always with the result of an acceler-

ated rate in the progress of labor. The fact of the os dilating under the influence of the enema, whether there was an appreciable quantity of feces or not in the rectum, proves that their presence does not prevent dilatation by causing spasm; at least, not in the majority of cases. It follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle, and I feel convinced I may add, as a result of close observation, also to the voluntary muscles engaged in the act of parturition. Judging from the sense of relief which follows its administration, it has at the same time a relaxing and soothing effect on these same parts—analogueous, in short, to the effect of hot water applied in the familiar form of a fomentation to an inflamed and painful swelling.

“I believe I am justified in adding that there is less atony of the uterus after delivery, when a hot enema has been given, and consequently less tendency to post-partum hemorrhage. On this account it has not the after-relapsing effect of chloroform on the uterus it otherwise commonly has.

“I submit that it would be as well to give so simple a means of treatment as hot-water enemata a trial in cases in which either ergot or the forceps would be used, as it possesses obvious advantages over both.”

ON THE SUBCUTANEOUS INJECTION OF AMMONIO-MERCURIC PEPTONES IN THE TREATMENT OF SYPHILIS.—(1) They produce in no case any very severe pain—not even enough to cause that faintness which is so commonly experienced under the employment of any other preparation of mercury, especially the biniodide. (2) They give rise to no inflammatory swelling, abscesses, or sloughing sores, even when performed on diabetic subjects. This was shown in the case of one of my patients, whose urine contained sixty-nine grams of sugar to the liter (he passed about five liters of urine, containing three hundred and forty-five grams of glucose, every twenty-four hours), and yet, despite this enormous discharge of sugar, the hypodermic injection had not the slightest injurious effect upon his skin. This fact is sufficient

to prove the harmlessness of the neutral solution of these peptones. (3) Salivation or mercurial stomatitis was very seldom observed, except when due to previously-existing irritation of the buccal mucous membrane, caused by tobacco, alcohol, morbid dentition, etc. (4) The gastro-intestinal disorders which so often accompany the administration of mercury by the mouth or by inhalation were never encountered, and consequently this method of treatment did not conflict with the employment of remedies suited to any constitutional or diathetic malady which might have preceded the syphilitic infection. (5) Hypodermic injections exert an action upon syphilis in all its forms and manifestations, whether normal or abnormal, at once more powerful, more beneficent, and more prompt than can be obtained by administering mercury or its compounds in any other way. Very many cases of abnormal, of dangerous, and of so-called malignant syphilis might easily be adduced from the records of both my hospital and my private practice, which would contribute to place the truth of this assertion in the most convincing light. (*Journal Cutaneous and Venereal Diseases.*)

TO WHAT EXTENT DOES THE INFLUENCE OF POSITION DURING THE ACT OF MICTURITION AFFECT THE FORMATION OF URINARY CALCULUS?—To many medical officers serving in India, who had the opportunity of seeing the practice in the civil hospitals and dispensaries up-country, it must have been a matter of surprise to note the great number of cases of urinary calculus that apply for assistance, to say nothing of the much greater number whose caste prejudice and fear of operative interference prevent our seeing; and although by no means an original idea, it has struck me after operating, and seeing great numbers of cases operated on, that the position of the native's body during micturition has more to answer for in the formation of stone than we are led to suppose. The almost universal position of the native of India during the act of micturition is that of "squatting" on his hams, and from that position he never rises until micturition is finished.

Now, when we come to consider the diet, principally rice, highly seasoned food, such as hot curries and "dall" (a highly nitrogenous substance, eaten by the native with avidity), and the quality of the water with which this is washed down, it must be a matter of very little surprise to us to find how favorable a subject he is for the formation of calculus; but when we find, added to this, a distended bladder, and a position assumed in micturition which, to a certain extent, paralyzes the action of the muscular organ he wishes to empty, I think we may assert that he does his best to bring about the disease which we are called on to combat. It is plain that, in the majority of cases, he does not empty his bladder, and that a certain amount of urine is left to set up by its irritating action some vesical inflammation, followed by the deposit of sabulous matters and the formation of calculus, which generally takes the form of oxalate of lime or, more rarely, uric acid or urate of ammonia.

I have searched in vain to see if this subject is mentioned in any text-book as a source of stone; and the question arises, if our surmises are correct regarding the influence of position, what measures must be taken to induce our Aryan brother to see the error of his ways, and to assume a position more upright and less hurtful?

Perhaps, as the march of civilization proceeds in India, he may become morally and physically more upright; but, till that happy day arrives, I am afraid we shall not be able to hang up the lithotomy-knife and allow the forceps to rust on the wall. (British Medical Journal.)

INFANT FOODS.—In a recent lecture delivered by Prof. Albert Leeds, Ph. D., of Hoboken, on this very interesting subject, he summarized the several points of his discourse as follows: (1) Cow's is in no sense a substitute for woman's milk. (2) Attenuation with water alone is inadequate, and chemical metamorphosis, or, mechanically, the addition of some inert attenuant is required in order to permit of the ready digestibility of cow's milk by infants. (3) The utility of manufactured infant's food



is to act as such attenuants, and as such they take the place of the simple barley and oatmeal water, the sugar, cream, baked cracker, arrowroot, etc., used in former times. (4) The results of both chemical and physiological analysis are opposed to any but a sparing use of preparations containing large percentages of starch. (5) It is eminently probable that, besides acting as attenuants, the matters extracted in the preparation of barley and oatmeal water, and, still more, the soluble albuminoid extractives obtained at ordinary temperatures (whereby coagulation is prevented) by Liebig's process, have a great independent value; of their own. For this reason, instead of employing starch, gum, gelatine, sugar, etc., the use of a natural cereal extractive, containing saccharine and gummy matters and soluble albuminoids as well, such as our great and inspired teacher Liebig himself advocated, is in accordance with the developments of science since his time. (6) The use of a food made up of equal parts of milk, cream, lime-water, and weak arrowroot water, as practiced for years by the late Dr. J. Forsyth Meigs, and recently advocated by his son, Dr. Arthur V. Meigs, is sustained by theory, analysis, and practice. It provides for the increase of fat to an amount comparable to that contained in human milk. It adds alkali to permanent reaction; and, to convert caseine into soluble albuminates, it adds a little bland attenuant. And if, in addition, the amount of milk-sugar were raised, and instead of arrowroot water, barley or oatmeal water were substituted, as the case demanded, it would approach, it appears to me, still more nearly to the conditions required. (7) The perfect solution of the present problem is to be found in the modification of cow's milk by chemical processes so as to make it physiologically equivalent to human milk. The nature of these processes and the results to be obtained are at present so nearly wrought out that there is good ground for believing that such a solution of this problem is not far distant in the future.

A NEW METHOD OF APPLYING PRESSURE TO ENLARGED TESTICLES.—In the *Lancet* for July 7, 1883, Dr. Corbett describes a



simple method of applying pressure to enlarged testicles, which is calculated to do away with many of the objections against the ordinary plaster strapping. He prefaces the explanation of his plan by saying that he derived the idea from a homely source—nothing more or less than seeing the means employed for encasing a football. Barring that, instead of having the encasing material made of leather, he had it made of india-rubber, such as one sees in the construction of the balls in spray producers, etc. The cases he recommends should be made of different sizes and thicknesses, and oval in shape. The means of tightening the cases and applying the pressure would be identically the same as in the football cover; that is, by lacing. There should be an opening at the neck of the case to allow the passage of the cord. This opening would be surrounded by a ring (interrupted) of leaden wire, to insure its patency and to prevent pressure on the structures of the cord. The leaden wire ring being interrupted, its softness would offer no obstacle to its easy adjustment round the neck of the enlarged gland. With a supply of such cases the treatment of an enlarged testicle would offer but little difficulty. It would simply mean the selection of a rubber case of the right size and thickness, and capable, when laced up, of exercising a steady, equable pressure on the enlarged organs, and applying the case to the testicle and lacing it up. If considered necessary, the testicle could first be enveloped in a thin layer of cotton wool. This would prevent any possibility of the skin being nipped or chafed by the lacing. As the gland reduces in size, a smaller case would be applied, and thus a steady pressure kept up until a cure was effected.

The above plan has the advantages of simplicity, neatness, and quickness in its application to recommend it. It involves no elaborate apparatus, and does away with many, if not all, of the objections connected with the operation of strapping with plaster.

CHANGES IN THE RENAL GANGLIA IN BRIGHT'S DISEASE.—Dr. R. Saundby fully confirms the results obtained by Da Costa and

Longstreth in relation to the co-existence of changes in the semilunar ganglia with inflammatory lesions of the kidneys. These changes are: (1) In acute Bright's disease, a simple increase in the round-cell elements of the stroma in the ganglia. (2) In the "large white kidney," a marked increase in the stroma as well as in the cell elements. (3) In the mixed forms of renal inflammation, in addition to the changes above indicated, the ganglionic cells show signs of pigmentary degeneration, and the vessels may be dilated and hypertrophied. (4) In the atrophic kidney the stroma of the ganglia is greatly increased in amount, the cell elements are diminished, the ganglionic cells are scanty, shrunken, and in a stage of pigmentary degeneration, and the vessels are invariably dilated and hypertrophied. The number of cases examined by Saundby and the authors referred to was twenty-four, and in every one changes of the character just described were found in the semilunar ganglia. The constancy of this association of lesions seems to suggest a relation existing between the changes in the ganglia and those in the kidney; and Da Costa and Longstreth suppose that the latter may be the direct result of the former. Saundby, however, combats this idea and holds that the ganglionic lesions are the results of irritative action set up by the renal disease, it being well known that, in a great number of pathological conditions in which there is structural alteration of any of the viscera, irritative changes do occur in the related sympathetic ganglia. (*British Medical Journal*.)

IN cases of acute conjunctivitis, with slight secretions, the following collyrium (by Dr. L. Webster Fox) has been efficacious:

Boroglyceride, . . . . .	3 j;
Camphor or rose water, . . . . .	} āā 3 j.
Distilled water, . . . . .	

This can be applied either by a bit of cotton-wool or by the spray. After several applications the congestion disappears and the mucous surface is restored to its normal condition. In gran-

ular lids, with much thickening of the conjunctiva complicated with pannus of the cornea, a fifty-per-cent solution was used. The slight purulent secretions were checked immediately; the thickened and congested condition of the conjunctiva was reduced, the vessels on the cornea disappeared rapidly, leaving it clear and transparent; but no change is observable in the hypertrophied condition of the papillæ, excepting to make them more pronounced in their outline. At this stage of the treatment, xerosis conjunctivæ is not infrequently produced. The conjunctivæ are free from moisture, and the patient has sensations of heat and dryness in the eyes which are distressing. The treatment should be discontinued, and a solution of nitrate of silver, five or ten grains to the ounce, substituted; one application daily should be made to the parts until the normal secretions are restored; then the sulphate of copper, in substance, is to be applied once daily to the now reduced trachoma. Under this treatment the granulations disappear very rapidly, the lids become smooth, and where there is pannus the cornea regains and retains its transparency. (College and Clinical Record.)

GALL-STONES IN AN INFANT.—The Boston Medical and Surgical Journal, August 2, 1883, says that Dr. A. D. Walker reports the case of an infant three months old, and healthy, who, when it was one month old, had an attack of icterus, and who, after some hours of restlessness and suffering, passed by the rectum (a purgative having been given) three gall-stones, the largest of which weighed two grams.

SALICYLIC PASTE.—Oscar Lassar (*Monatsch. f. Prakt. Dermat.*) recommends for cases of eczema which show an intolerance of ointments a paste composed of equal parts of oxide of zinc and starch powder with vaselin. To this paste are added various medicaments, but, as especially useful, salicylic acid is recommended. The advantages of the preparation over the ordinary salves are stated as follows: It does not liquefy at the ordinary temperature of the body, but dries on the skin, to

which it adheres so closely, wherever applied, as to render a retaining bandage unnecessary. On hairy portions of the body it is objectionable, because of its sticking the hairs together. The zinc-starch paste has no irritating properties whatever, and is well borne when simple vaselin is not. The greatest advantage, however, is said to be due to its porosity, by means of which any secretions which arise from the surface to which it is applied are absorbed instead of collecting beneath it, as is the case with ordinary ointments.

It is claimed that the addition to the paste of salicylic acid in the proportion of two per cent adds very decidedly to its curative effect in eczema.

The following is the formula:

R	Acid. salicyl, . . . . .	2.0 (grs. x);
	Vaselin, . . . . .	50.0 (℥ iv);
	Zinci oxid., . . . . .	} āā 25.0 (℥ ij).
	Amyli, . . . . .	
M.	Leniter terend., fiat pasta.	

CASTOR OIL AND GLYCERINE AS A PURGATIVE.—Dr. Soper says: "After many months' experience, I now feel justified in bringing to your notice the great advantages of a combination of the above two drugs in equal proportions to act as a purgative. Glycerine has great therapeutic value, especially in its solvent properties, and this combination renders it especially valuable. In regard to castor oil, I think a great mistake has been made in the largeness of dose administered, and in this mixture only half a teaspoonful is required combined with an equal bulk of glycerine. In all cases of chronic constipation, hemorrhoids, and anemia, it has proved most useful. A scybalous motion is apparently emulsified, and is passed with the greatest ease. I have also given half-teaspoonful doses in the early stages of bronchitis, which seem to promote exudation from the tubes, and is certainly expectorant. My great difficulty hitherto has been the obstinacy with which the mixture becomes a mixture; as it can only be made by placing the bottle in hot water and violently agitating." (Lancet.)



## REMOVAL OF CARIOUS PORTIONS OF THE VERTEBRAL BODIES.

Dr. Boeckel relates the history of a case in which he removed the carious portion of the bodies of two dorsal vertebræ by means of the sharp spoon, with gratifying results. From his experience in this case and in operations upon the cadaver, the writer concludes that it is not so difficult as is usually supposed to reach the anterior portion of the spinal column. The resection of an inch to an inch and a half of one rib affords room enough for the finger to reach the bodies of the diseased vertebræ. The danger of wounding any of the great vessels lying in front of the spinal column is not so great as it seems, as the pus has already formed a sinus which serves as a guide to the diseased bone. The bodies of the lumbar vertebræ may be reached by an incision made at the outer border of the sacrolumbalis muscle, as for nephrotomy. The same operation is indicated in gun-shot wounds of the vertebral bodies. The difficulty in such cases lies less in the operation itself than in the uncertainty of the diagnosis respecting the location and extent of the injury to the bone. (*Schmidt's Jahrbücher.*)

## CANNABIS INDICA A VALUABLE REMEDY IN MENORRHAGIA.—

My experience of Indian hemp confirms Mr. Oliver's in some particulars, especially its physiological action. In no case has it produced pleasurable feelings, generally most alarming symptoms, such as complete paralysis, horrible hallucinations, double consciousness, etc. A young practitioner should be most careful in prescribing, and warn patients of its action, or he may lose their confidence. Indian hemp has been vaunted as an anodyne and hypnotic having the good qualities of opium without its evils. Also in dysmenorrhea. In this complaint and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect even in small doses. Text-books give the dose as ten minims and upward, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiolog-



ical action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia. There is no medicine which has given such good results. For this reason it ought to take the first place as a remedy in menorrhagia; then bromide of potassium and other drugs. The *modus operandi* I can not explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient. The following is the prescription:

R Tincturæ cannabis indicæ, . . . . . ℥ xxx;  
 Pulveris tragac. co., . . . . . ʒ j;  
 Spiritus chlorof., . . . . . ʒ j;  
 Aquam ad., . . . . . ʒ ij.  
 One ounce every three hours.

Four years ago I was called to see Mrs. W., aged forty, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterward treated for anemia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learned afterward that she had sent this medicine to a lady friend who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail. This, however, is not to be wondered at in a complaint due to so many different causes, and associated with anemia and other cases of plethora. (John Brown, L. R. C. P., in British Medical Journal.)

A CASE OF TRACHEOCELE.—A merchant, twenty-nine years of age, of previous good health except for an attack of rheumatism, acquired a bronchitis with severe cough. After a severe attack of coughing he suddenly noticed a small tumor, the size of a hazelnut, just above the sternum. In three days this had increased to the size of a pigeon's egg, and incommoded res-

piration and deglutition. The tumor remained stationary for three weeks, when it suddenly opened and discharged blood and pus, and became much reduced in size. It grew again slowly for a time, but remained smaller and softer than before. It was larger during expiration, and diminished again in size during inspiration. Upon compression a fine crepitation could be felt, and the tumor disappeared. The treatment consisted in permanent compression of the hernia by a sort of truss, and resulted in a cure after the expiration of six weeks. The patient, however, became the victim of chronic asthma, from which relief could only be obtained by constantly increasing doses of morphine. From a study of this case and twelve others reported by different observers, Dr. D  tis arrives at the following conclusions: (1) The causes of the affection are bodily exertions of any sort; (2) the principal symptoms are enlargement of the tumor during expiration, disappearance of the same under compression, and a muffled, squeaking voice; (3) the prognosis is favorable; (4) treatment is purely local, and consists in steadily maintained compression. (*Centralbl. f  r Chirurgie*, July 7, 1883.)

**SALICYLIC PASTE.**—Lassar points out that to many patients even freshly prepared ointments are irritating, and he explains this by suggesting that the fatty acids become decomposed during the friction on the skin, and set up inflammation and swelling. Vaseline, used as a substitute for animal fats and oils, is not consistent enough. A suitable consistency is obtained by slowly rubbing up equal parts of oxide of zinc and starch with vaseline. A snow-white paste is thus produced, quite permanent and serviceable as a vehicle for other medications. This does not become liquid at ordinary temperatures, but dries pretty quickly, and can be maintained solid if the surface is warmed by dusting powder over it. By its means parts can be kept protected from the air without any other dressing, which are not so well adapted for ointments alone. Hairy parts alone should not have it applied to them, since it mats the hairs

their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures."

CHAMOMILE IN INFANTILE DIARRHEA.—Dr. Christopher Elliott, Physician to the British Hospital for Sick Children (*Practitioner*, December, 1882), indorses Ringer's claim for the great value of infusion of chamomile in infantile diarrhea connected with dentition, and in which the stools are many in number, green in color, or slimy and streaked with blood, and accompanied by pain and cramp. He gives one half to one dram of the infusion to a child under one year, and double the quantity to a child over that age, giving it three times a day or oftener, according to the severity of the attack. He explains the rationale of this treatment by the power which chamomile flowers possess of subduing reflex excitability, a power residing in the volatile oil contained in them. Grisan was unable to tetanize, by means of strychnia, a decapitated frog which had been fortified with a dose of chamomile oil, and *vice versa*, when reflex excitability had been artificially produced by means of strychnia, it could be calmed again by chamomile oil. (Medical and Surgical Reporter.)

REMOVAL OF A TIGHT RING FROM THE FINGER.—A novel method of effecting the removal of a ring which has become constricted around a swollen finger, or in any other similar situation, consists simply in enveloping the afflicted member, after the manner of a circular bandage, in a length of flat, India-rubber braid, such as ladies make use of to keep their hats on the top of their heads. This should be accurately applied—beginning, *not* close to the ring, but at the tip of the finger, and leaving no intervals between the successive turns, so as to exert its elastic force gradually and gently upon the tissues underneath. When the binding is completed, the hand should be held aloft in a vertical position, and in a few minutes the swelling will be perceptibly diminished. The braid is then taken off

and immediately reapplied in the same manner, when, after another five minutes, the finger, if again rapidly uncovered, will be small enough for the ring to be removed with ease. (*Gaz. des Hôp.*)

**TINEA VERSICOLOR.**—Tinea versicolor or *liver spots* is an exceedingly common affection, and one that causes much annoyance, since the patient frets at having this blemish on his skin. To cure it, Dr. George H. Rohé (Med. Record) recommends a lotion of hyposulphite of sodium, half a dram to the ounce of water. The patient is directed to take a bath once a day, using soap freely. After the bath, the affected spots are to be mopped with the parasitic lotion. In a week the discoloration has usually disappeared. The remedy should be continued a week or two longer to prevent relapse. Dr. Rohé says it is surprising to what an extent cases of tinea versicolor are treated for syphilis, hepatic derangement, or similar supposed affections of the internal organs. Patients are sometimes compelled to take mercury or potassium iodide for months, under the supposition that they suffered from syphilis, when the only trouble was that just described, which, when properly treated, yielded to local remedies alone in the brief space of two weeks.

**PREVENTION OF INFANTILE DIARRHEA.**—The *Bureau d'Hygiène* of the city of Rheims, France, in July, 1882, made a slight change in the form of death-report required in cases of infantile diarrhea, which has been productive of very instructive results. Children dying from this disease were divided into two classes, those nourished by mother's milk, and those brought up by hand. From July 1st to December 31st, thirty-one infants nourished at the breast and two hundred and seventy-two brought up *au biberon* died of infantile diarrhea. "This teaches us nothing new," says M. Langlet, in his annual report; "but it is one of those truths which can not be too often recalled."

To place the true value on M. Langlet's facts, we should know the relative proportions of the two classes of infants.



However, it can hardly be supposed that the bottle-fed children are to the nurslings as nine to one. (Medical Progress.)

**TREATMENT OF GRANULAR LIDS.**—Dr. Arnoux claims to have met with great success in the treatment of granular lids by the following simple method: The lid is everted and wiped dry with a piece of blotting-paper. The granulations are then touched very lightly with a crystal of sulphate of copper, and immediately after a smooth cylinder of zinc is passed over them. Then the conjunctiva is carefully dried again, and, as far as possible, the impalpable black powder which remains after the operation is removed. The lid is then replaced, but not allowed to touch the ball of the eye for a minute or two. No subsequent cold applications are necessary, as there is little reaction if the operation be delicately performed. (*Gazetta Medica di Roma.*)

**BOWDITCH'S FORMULA FOR IRREGULAR HEART.**—In a discussion upon heart-disease before the Boston Society for Medical Improvement, Prof. Bowditch said that he had found the following formula of great service in relieving even the most serious cardiac affections. He had used it for the last twenty-five years.

R Pulv. digitalis, . . . . . gr. x ;  
 Pulv. colchici sem., . . . . . gr. xx ;  
 Sodii bicarbonatis, . . . . . gr. xxx.  
 M. et div. in pil. No. xx.

These are to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bed-time; the treatment to be continued for three to nine months. (Boston Medical and Surgical Journal.)

**A LIFE SAVING INFUSION OF SOLUTION OF MURIATE OF SODA IN ACUTE ANEMIA.**—A woman of thirty-four years relapsed into a condition of extreme anemia, in consequence of an enormous metrorrhagia after an abortion. A six-per-cent solution of chloride of soda was injected into the well exposed vena media basilica, which was carefully ligated at the periphery, by which



this almost moribund person was recalled to life. The venous infusion is preferred to the arterial, because it is easier executed, is absolutely harmless, and the vena mediana is easier found in an anemic person than an empty arteria radialis. (*Kurtner, Deutsche Med. Wochenschrift.*)

POP-CORN FOR THE VOMITING OF PREGNANCY.—Dr. H. v. Sweringen says “that this simple thing proved to be a God-send to me and my patient (more particularly the latter), having had one of the most intractable cases probably that ever occurred. I had exhausted the usual remedies employed in this distressing ailment, and was about to cauterize or do something to the os uteri, when my eyes accidentally fell upon the above-named remedy. To make a long story short, it acted *marvelously*, not only in the case referred to, but in three subsequent cases; in fact, in *every* case in which I have prescribed it.”

TREATMENT OF GONORRHEAL EPIDIDYMITIS.—Dr. Henderson reports the successful use of salicylate of sodium in three cases of this affection. In conclusion he says, “In further trials of this plan of treatment I would advise that only acute cases be selected, the evidence of that condition being a distinct rise of temperature as ascertained by the thermometer. The dose of the salt should not be less than twenty grains, and should be repeated hourly until at least three doses are taken. Afterward the same dose may be continued at longer intervals.” (*Lancet.*)

THE RADICAL CURE OF VARICOCELE.—Dr. H. Lawrence Jenckes, of Glen Haven, Wis., presents in a concise way, in the July number of the *American Journal of the Medical Sciences*, the advantages of Williams’s varix clasp in the treatment of varicose spermatic veins. He considers it superior to any other operative procedure for the radical cure of varicocele, and its simplicity, its freedom from danger and pain, and its success render it preferable.

## Notes and Queries.

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THE BURDEN OF OUR WORK.—Dr. Andrew Clark, one of the foremost of London physicians and most charming of medical writers, concludes a recent address on Clinical Investigation before the Clinical Society of London with the following lofty thoughts: "And now that our work awaits us, let us turn to it with justly attempered minds. For surely the burden of it is not mere occupation or interest, not mere success or failure, not mere profit or loss, not mere distinction for ourselves, nor even honor for the profession to which we belong. The true and serious burden of our work, as we smoothly say so often and entirely realize so seldom, is the prevention of disease, the relief of suffering, and the prolongation of life. And this is the burden of it—not in a loose and general sense, but in a solemn and particular sense; it is the burden of it, as it affects not merely many persons, but one person—one with whom we have to deal as if he were the sole object of interest and importance in the world, as if all the momentous possibilities of life and death, of the preservation or the destruction of the family life, and of all the good or evil which might issue out of recovery or of death were centered in him and depending upon us. And important as our work thus is to the life and welfare of the individual and the family, it is not less important to the life and welfare of the State and the world. For this work, as it is sound or unsound, successful or unsuccessful, affects for good or evil the numbers of the population and its physical constitution, the supply of labor and the sources of wealth, the education of the young and the direction of their energies, the moral conditions of society and the objects of political organizations, the development of

the race and the fulfillment of its destinies. Such reflections, common as they are, serve to remind us of what our familiarity with them makes us forget—the momentous and far-reaching influences of our work, and of the solemn responsibilities which lie upon us in undertaking and discharging it. Such reflections may further help us to cherish the spirit of self-sacrifice in active endeavor to overcome our ignorance of disease, till at last, with fullness, more or less, knowing and foreseeing, preventing or controlling, stilling pain or curing disease, repulsing death and renewing the conditions of commencing life, we may justify the boast of our father Hippocrates, and to men, in their extremities of need, give help like gods.

CULTIVATE AMIABILITY OF DISPOSITION.—Professor Dickson, of the University of Edinburgh, in a recent address before the graduating class, quotes from an old writer, “the ever-memorable Mr. John Hales, of Eton.” Speaking of this quality of amiability, which he calls “goodness,” he says: “Goodness, of all the attributes by which a man may be styled, hath chief place and sovereignty. Goodness, I say—not that metaphysical conceit which we dispute of in our schools, . . . but that which the common sort of men do usually understand when they call a man good; by which is meant nothing else but a soft and sweet and flexible disposition. For all other excellences and eminent qualities, which raise in the minds of men some opinion and conceit of us, may occasion, peradventure, some strong opinion of another kind; but impression of love and true respect, nothing can give but this. Greatness of place and authority may make us feared, depth of learning admired, abundance of wealth may make men outwardly obsequious unto us; but that which makes one man a god unto another, that which doth tie the souls of men unto us, that which, like the eye of the Bride in the book of Canticles, ravishes the heart of him that looks upon it, is goodness. Without this, mankind were but (as one speaks) ‘stones heaped together without mortar, or pieces of boards without any cement to combine and tie them together.’ For this

it hath singular in it, above all other properties of which our nature is capable, that it is the most available to human society, incorporating and, as it were, kneading us together by softness of disposition, by being compassionate, by gladly communicating to the necessity of others, by transfusing ourselves into others, and receiving from others into ourselves. All other qualities, how excellent soever they are, seem to be somewhat of a melancholic and solitary disposition. They shine then brightest when they are in some one alone, or attained unto by a few; once make them common, and they lose their luster. But goodness is more sociable, and rejoiceth in equalling others unto itself, and loses its nature when it ceases to be communicable."

THE ABSORPTION OF WATERY SOLUTIONS BY THE SKIN.—From an examination of this subject (*Ann. de Dermatol. et de Syph.*), Dr. Aubert concludes the following: (1) Substances dissolved in water may make their way through the epidermis without producing any visible external lesion. (2) Nevertheless, the essential condition of such penetration appears to be a break in the epidermis where it is prolonged into hair-sheaths, and along the included portions of the hairs themselves. (3) In fact, according to our observations, this penetration takes place exclusively in hairy parts. (4) It is promoted by whatever causes the hair to be pulled about, as, for instance, friction with the moist or dry hand, or unusual size, stiffness, and length of the hairs. (5) A delicate integument and thin cuticle afford unfavorable conditions, on account of the less vigorous growth of hair on parts thus endued. Total absence of hair is likewise a condition eminently unfavorable to absorption. (6) Hence we may infer the possibility of introducing soluble substances into the circulation by causing them to penetrate the epidermis in small quantities, either with or without the aid of baths. To effect this, friction with the palm of the hand would have to be applied forcibly over a large surface, and especially where the skin is hairy. The only possible unpleasant effects would be a moderate degree of inflammation, manifested in a little redness and smart-



ing about the roots of the hairs. (7) Simple immersion in a bath, however prolonged, could not be relied on to effect the entrance of even the smallest quantity of a solution through the skin.

DR. ABERNETHY AND THE LATE GENERAL DIX.—General Dix gives the account himself: "He received me with great civility, heard a few words of the story, and cut me short, as follows: 'Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty you could probably have been well years ago. I can say nothing to you except this: You must take regular exercise, as much as you can bear without fatigue, as little medicine as possible, of the simplest kind, and this only when absolutely necessary, and a moderate quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physician, can prescribe diet for another. "A stomach is a stomach," and it is impossible for any one to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week, such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself.'"

RUSSIAN BABIES.—A correspondent of the *New York World*, speaking of Russian babies, describes as follows what one sees in the house of a Russian peasant: He looks curiously at one odd little bundle laid upon a shelf, another hung upon the wall on a peg, a third slung over one of the main beams of the roof and rocked by the mother, who had the cord looped over her foot. "Why, that is a child!" cries the traveler, with a feeling similar to that experienced on treading upon a toad which was supposed to be a stone. "Why, what else should it be?" answers the mother. Having learned so much in so short a time, the inquisitive traveler wishes to inform himself about the habits of the creature in the bundle; but his curiosity being somewhat



dampened by the extreme dirt of the little figure, he inquires of the parent when it was washed. "Washed?" shrieks the horrified mother, "washed! What, wash a child? You'd kill it."

IN A CHINESE DOCTOR'S OFFICE.—A sick Chinaman walked into a Chinese store on Mott Street, pressed his hands against his stomach, ran them across his forehead, and, in the Celestial tongue, informed a wise-looking, fat Mongolian behind the counter that he was sick. The wise-looking man regarded the sick man through his big, round, horn-rimmed spectacles, inspected his tongue, placed his hands on his head, faced him to the four points of the compass, chanted mysteriously at him, and motioned him to a seat. Then he weighed out in delicate scales a dozen ingredients, wrapped the mass in six little cornucopias, tied them up with dried grass, pocketed a silver dollar, and dismissed the patient.

"What did you give that man?" a reporter asked.

"Man he heap sick," said the doctor, casting a lugubrious glance at his questioner, and jerking his words out at railroad speed. "Been heap dlunk 'cause he hear him mother-in-law die in China. Him heap glad. Give um mandlake, give um lu-barb, give um shlimp and little bit dlied snake; makee eat plenty glub. Me good doctor. You like some medicine?"

DR. ENGELMANN.—The many friends of this distinguished gynecologist will be glad to learn that he will return to St. Louis, from his European trip, early in October. The Weekly Medical Review says of him: "He will gradually withdraw from general practice and confine himself strictly to the practice of gynecology and consulting obstetrics. He will remove his office to the elegant new building which he has just erected on Garrison Avenue, between Locust Street and Washington Avenue, and which, besides the operating-rooms, will contain some apartments for the accommodation of private patients, who will thus be under the doctor's constant supervision and watchful care during the entire time of treatment. This step is an

innovation in this city, but we have no doubt will meet with perfect success under the doctor's able management.

FASHIONS IN MEDICINE.—Dr. Spitzka, in his recent and very able work on *Insanity*, published by Birmingham & Co., New York, thus pricks a brace of gynecological fancies, to the great relief at least of some of us plain folk: "Those pretty cases in which a delusional insanity is instantly cured by restoring a retroflected or retroverted uterus to a normal position do not seem to occur nowadays, and the gynecological epoch of psychiatry seems to have passed by, taking its adieu with the sacrifice at Blackwell's Island Asylum of Mary Ann Mullen, a sufferer from unrecognized katatonia, on the altar of oöphorectomy (the ovaries being perfectly healthy). It would have been as reasonable to extirpate the bed-sore of a sufferer from paretic dementia, and to cut off the hematomatous ear of a terminal dement."

ICE-WATER AND TOMATOES IN PRAGUE.—One misses ice-water and our various cooling appliances very much. It is possible, with a good deal of trouble, to get a glass of water with a few pieces of dirty ice in it; but it always seems to excite so much surprise, alarm, and horror in the spectators that one has to seek out a secluded corner of the restaurant to drink it. I do not know which they regard as the worst, drinking ice-water or eating raw tomatoes. Now I am very fond of the latter, and always eat them when I can; but, from seeing a crowd around my part of the room every day, I begin to have some suspicion that the proprietor uses me as an advertisement, and that crowds come daily to see the great American tomato-eater. Ice-water seems especially to be regarded as a deadly poison, the cause of all the dyspepsia in America. (Dr. W. T. Councilman, in *Medical News*.)

RAPID UNION WITHOUT ANTISEPTICS.—A valued correspondent, at Salem, Ky., sends the following report of an amputation of the arm: Mr. C., of Pinkneyville, Ky., had his arm

caught, June 8th, in the belting of a mill-wheel, whereby his fore-arm was well nigh severed in its upper fourth, and the elbow and lower two thirds of the arm fractured and greatly lacerated. Drs. Graves and Shelby amputated at the junction of the middle and upper third of arm. But little blood was lost. Next day temperature rose for a little while to  $102^{\circ}$ , then quickly fell to  $99^{\circ}$ ; pulse never exceeded 90. Patient was up and about on the 13th; flaps well united. Discharged cured on the 18th.

HYSTERIA—CAUTERIZATION OF THE CLITORIS.—The late Prof. Friedreich shortly before his death had prepared a paper, which has since been published, on this subject. In many cases of obstinate and severe hysterical affections he found that cauterization of the clitoris by nitrate of silver had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends to aggravate the disease. The pain is at first severe, and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are: One of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions. (*Practitioner*, March, p. 214.)

SYPHILIS IN THE LOWER ANIMALS.—Professor Neumann, of Vienna, has recently inoculated several monkeys with the secretion from indurated chancres, and also inserted portions of chancres beneath the skin of these animals. In every case the result has been negative; neither local nor constitutional symptoms were produced. Inoculations with syphilitic products were also made upon two horses, a pig and a martin, all of which were unsuccessful. These results of Neumann are of interest, as they are a contradiction to the researches of Klebs and Martineau, who in the past year or two announced that they had succeeded in communicating, by inoculation, syphilis to monkeys. (*Wiener Med. Wochenschrift*.)

CARLYLE AS HE WAS.—Carlyle owed every thing to his power of will, and to his unflinching adherence to principle. He was in no sense a lucky man, had no good fortune, was borne by no current, was favored and helped by no circumstance whatever. His life from the first was a steady pull against both wind and tide. His attitude was at once, like that of the old prophets, one of warning and rebuking. He was refused every public place he ever aspired to—every college and every editorial chair. Every man's hand was against him. He was hated by the Whigs and feared by the Tories. He was poor, proud, uncompromising, sarcastic; he was morose, dyspeptic, despondent, compassed about by dragons and all manner of evil menacing forms. In fact, the odds were fearfully against him; and yet he succeeded, and succeeded on his own terms. He fairly conquered the world—yes, and the flesh and the devil. (John Burroughs, in the *Century*.)

DANGER OF SPREADING DISEASE BY BOOKS.—The *Lancet*, quoting the alleged communication of yellow fever to an official in Paris through a dispatch from Brazil, says circulating libraries are common sources of peril. It would be difficult to imagine a more powerful medium for conveying disease than books. Organic particles carrying infection may lie for weeks, months, or years between the pages of a bound book, to be dislodged by some susceptible person handling it. Measles, scarlet fever, diphtheria, ordinary sore-throat, hooping cough, bronchitis (perhaps phthisis), and other chest affections and some skin diseases are most easily communicated by this means. Books can not be disinfected without injury, and hence should be destroyed after use by those suffering with the class of diseases mentioned. Dispatches and letters come under the same category.

LAST June the Regents of the University of Michigan requested the resignation of Dr. Franklin, professor of surgery in the Homeopathic Medical School, on account, it is said, of



the learned professor's connection with the firm of K. & K., of Detroit. A Dr. Walton, of Cincinnati, was elected to the vacancy, but refused to accept. Some one from Iowa was appointed to the chair of obstetrics, and he has also refused to accept. It would seem that the school is in bad odor among its brethren. Since the beginning of the school in 1876 not less than nine professors have resigned or refused positions. The total number of students in the department last year was fifty-eight.

THE FIRST RECORDED CASE OF EXTRA-UTERINE PREGNANCY. Albucasis, known among his intimate friends as Abûl-Câsem Chalaf Ebn-Abbas Alzaharavi, relates a case of extra-uterine pregnancy that came under his own observation. A woman being pregnant, the fetus died without delivery, and subsequently an abscess formed at the navel, and, coming to maturity, discharged, to his great surprise, not only pus, but the bones of a fetus. The mother lived many years after this event, a fistulous opening always remaining, from which a purulent discharge never ceased to flow. This is one of the earliest, if not the first case of the kind on record. (Dr. George Jackson Fisher, in *Annals of Anatomy and Surgery*.)

PROF. VIRCHOW'S RESIGNATION.—Prof. Rudolph Virchow has resigned from the Association of German Physicians. This step was taken on account of the Association having publicly censured him for writing a note of thanks to an apothecary, Brandt, who sent him a box of *pilulæ helveticæ* (the formula of which is published) during a recent sickness. This note stated that the pills had been beneficial to Prof. Virchow, and Brandt without his knowledge published it as a testimonial. Prof. Virchow thinks that the censure was unmerited, and he denies that he gave a testimonial at any time for these or any other pills.

ACTUAL CAUTERY IN NEURALGIA.—Dr. A. C. Post (*Medical Record*) has recently reported a case of anterior crural neuralgia

of three years' standing in a fifty-year-old man, in which the actual cautery was applied along the course of the nerve, from the groin nearly to the knee, and also upon the leg at a few points where it was painful. Thorp's multiple cautery, having six points, was used, and it was applied at eighteen different places, making in all one hundred and eight minute punctures. Eight days after the operation relief was complete.

CARBON BISULPHIDE IN NEURALGIA.—Dr. A. M. Stout, Sussex, Wis. (Medical News), finds that the external application of carbon bisulphide is of great value in neuralgia. It, however, fails at times and stains the flesh more or less permanently. It at first causes a marked tingling and even severe pain when applied. It is very probable that it acts on the counter-irritant rather than the anesthetic principle. Cautiously used, it may have good effect in intractable neuralgia. It causes death by direct paralysis of the respiratory centers.

RECTAL EXAMINATION FOR VESICAL CALCULUS.—Prof. Volkmann states that after the patient is completely anesthetized one hand should be placed over the pubis, introducing the forefinger of the unoccupied hand into the rectum. In this manner it is easy to grasp a stone with the upper hand, especially in lean subjects. Sometimes it is possible to pass a ligature around the abdominal walls inclosing the stone. In vesical papillomata and myxomata with long pedicles this ligation might be of use. (*Archiv für Chirurgie.*)

BEST METHOD OF TESTING MILK.—Dr. E. H. Bartley, chemist of the New York State Board of Health, recently delivered a lecture to the milk-dealers of Brooklyn, in which he said that milk which showed a specific gravity of 100 at a temperature of 60° by the common lactometer, and ten per cent of cream by the cream gauge, could be safely sold as pure milk.

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Boletin de Ciencias Medicas, organo de la Sociedad "Medica La Fraternal." Guadalajara, Estado de Jalisco, Mexico.

A Tracheotomy Tube for Gradual Withdrawal, and Report of a Case in which it was Used. By H. F. Hendrix, M. D., of St. Louis, Mo.

Report, for the years 1882-83, of H. A. Newton, Director to the Board of Managers of the Observatory in Yale College, presented by them to the President and Fellows, to which is appended the Report of the Astronomer in Charge of the Horological and Meteorological Bureau.

Report of the Board of Health of the State of Louisiana to the General Assembly, for the year 1882 and the first six months of 1883, embracing the Quarantine and Sanitary Operations of the Board of Health during a Period of Eighteen Months—January 1, 1882, to July 1, 1883.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the fiscal year 1882.

A Text-book of General Pathological Anatomy and Pathogenesis. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English Students by Donald Macalister, M. A., M. B., Member of the Royal College of Physicians, Fellow and Medical Lecturer of St. John's College, Cambridge. New York: Wm. Wood & Co. 1883.

# THE AMERICAN PRACTITIONER

OCTOBER, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ANEURISM OF THE FEMORAL ARTERY—LIGATION OF THE EXTERNAL ILIAC—CURE.\*

BY W. O. ROBERTS, M. D.,

*Prof. of Surgical Pathology and Operative Surgery in the University of Louisville.*

A negro man, thirty-seven years of age, presented himself at the University clinic on the 11th day of last May, giving the following history: He had been a heavy drinker, and occasionally indulged in a protracted spree. Ten years ago he had been treated for syphilis, and having had no manifestations of the disease since, considered himself cured. He was an uncommonly muscular man, and while turning somersaults in a strolling play company he fell in the act and struck his right thigh against the top of a chair. He was confined to his bed for some days after, and the thigh swelled greatly. This was in ————. He has been lame since that time, and has scarcely been free from pain in the hip, thigh, and knee. Several months after the accident, while rubbing his limb, he discovered a small, hard lump in the upper and inner part of the thigh, at the point which had been struck in the fall. This gradually increased in size. In

\*Read before the Medical Society in July, 1883.



February last he had become so lame as to be unfit for any kind of business, the tumor being about the size of the fist. He now for the first time consulted a physician, who recognized the tumor as an aneurism, and applied Martin's bandage. This treatment was kept up for a week, the bandage being applied directly over the tumor, remaining on several hours of each day, when it had to be abandoned on account of the pain it produced. The tumor now increased in size more rapidly, and the entire limb began to swell from the foot up, and the lameness to grow worse. He came to the University clinic on the 11th of May last, walking with extreme difficulty and in great pain. I found an immense tumor occupying the inner and anterior part of the thigh, extending for an inch and a half below Poupart's ligament to the lower third of the thigh. The vertical measurement over the surface of the tumor was twelve inches, and the transverse thirteen inches. The pulsation and bruit were very distinct over the entire swelling; the former could be seen even at some distance. The bruit was likened, by a companion who came with the patient, to the noise made by the breathing of a wind-broken horse, and the comparison was strikingly good. The limb below the tumor was edematous, and there was marked hyperesthesia of the anterior surface of the leg and foot. The slightest touch upon the latter gave him great pain. There was some tenderness over the tumor itself, so much indeed that the patient could not stand sufficient pressure upon the artery above to cut off its pulsation. The situation and character of the tumor at once suggested ligation of the external iliac artery as the proper treatment. The patient was therefore prepared for the operation by a purgation and by elevating the limb. On the morning of the 12th, assisted by Prof. D. W. Yandell, and Dr. McMurtry, in the presence of the post-graduate class of the University, I operated as follows: The patient being thoroughly anesthetized, a slightly curved incision, beginning about half an inch above Poupart's ligament and to the inner side of *the* center and passing upward and outward for about three inches toward the ant. sup. spine of the ilium, was made down to the tendon aponeurosis of the external

oblique. This was then divided the entire length of the former incision, and afterward the fibers of the internal oblique and transversalis muscles were very carefully cut through and the transversalis fascia brought into view. This was torn through with the fingers from Poupart's ligament and the peritoneum pushed upward, when the sheath of the vessel was exposed, the vein lying to the inner side and the genito-crural nerve on top of the artery, this vessel being in a healthy condition.

The aneurism needle was passed far within and outward, so as to avoid the vein, the nerve pulled aside, and the artery tied some distance above the region of the epigastric with a carbolized silk ligature. Both ends of the ligature were cut short, with the hope that it would become encysted. The incision in the aponeurosis of the external oblique and the muscles beneath was then closed with the continued suture of whale tendon, and afterward the superficial wound brought together, except at its dependent point, which was left open for drainage. The two sets of sutures were thought necessary because of the great thickness of abdominal walls due to the immense amount of adipose tissue. The entire limb was then enveloped in cotton batting, which was confined with a roller bandage, and carbolized dressings applied to the wound. Pulsation ceased in the tumor as soon as the ligature was applied, and has never since returned. The hyperesthesia of the limb disappeared entirely. No peritonitis occurred, and the patient recovered from the operation without an untoward symptom, his temperature never rising above  $100.5^{\circ}$ . The temperature of the foot on the affected side, to the touch, seemed somewhat higher than that of the opposite one. The cotton and bandage were kept on for ten days, and when removed the edema had nearly entirely disappeared. The patient was kept in bed five weeks, and then allowed to get up and walk about. He has felt but little inconvenience in walking, and the neuralgic pains, from which he suffered so much prior to the operation, have not troubled him since. The wound healed, except at its most dependent portion, by first intention.

Ligation of the external iliac artery for the cure of aneurism

of the femoral was first practiced by Abernethy in 1796; but it was not until 1806 that he met with success, the three operations prior to that time having terminated fatally. Dr. Dorsey, of Philadelphia, in 1811, was the first to perform it in this country. The tables of Drs. Norris and Cutter (*American Journal Med. Sciences*) show that the vessel has been ligated, for all causes, 153 times, with 47 deaths: 17 died of gangrene; 9 of hemorrhage; 5 of peritonitis; 3 of sloughing of sac; 3 of exhaustion; 2 of tetanus; 2 of causes unconnected with the operation; 1 of pleurisy; 1 of delirium tremens; 1 not stated, and 1 doubtful. There have been three successful cases recorded in which both external iliacs have been ligated in the same patient: one by Arendt, in which the interval between the operations was only eight days; one by Tait, the interval being eleven months and one by Watson, with an interval of nine months.

Ligation of the external iliac artery is considered a much safer operation than that of the common femoral, for several reasons, viz., that the latter vessel, being so near the aneurism, its coats are more apt to be diseased; inflammation is more liable to attack the sac as a result of the close proximity of the ligature; the vessel being so short, and the origin of its large branches so near together, render it difficult for a solid coagulum to form above the ligature, and the liability of occlusion of the two great nutrient vessels of the limb with gangrene below as a consequence.

It goes without the saying that, in ligating the external iliac artery, care must be taken not to wound the deep epigastric artery, the spermatic cord, the peritoneum, external iliac, or circumflex vein, or genito-crural nerve, or to injure the sub-peritoneal cellular tissue. If the deep epigastric artery be divided, of course it can be ligated, but its occlusion would increase the danger of gangrene, as an important anastomosis would be stopped. Wounding of the spermatic cord is not apt to occur, as it can be easily detected and avoided. Wounding of the peritoneum is much less apt to occur when the abdominal wall is opened one half inch above Poupart's ligament, as recommended by Sir

Astley Cooper, and when the transversalis is torn through than when it is cut through. Sometimes it is impossible to avoid injuring this membrane, especially when adhesions exist. The vein is not likely to be punctured if proper care is taken in passing the aneurism needle from it. The genito-crural nerve can generally be seen and readily pulled aside; even were it divided, no special harm would be done. Should the external iliac be found diseased, or secondary hemorrhage follow its ligation, then by an extension of the incision the common iliac may be secured. Of thirty-two cases of this operation, tabulated by Stephen Smith, of New York, only seven recovered. To this table Mr. Erichsen adds eight cases, and gives thirty deaths and ten recoveries.

LOUISVILLE, KY.

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## SOME FORCES WHICH ACT ON THE SMALL INTESTINES.

BY C. S. BOND, M. D.

This subject is presented in view of the fact that we have some twenty names for retardation or increase of these forces, and again that, through the disturbed equilibrium of the same, a very large proportion of persons of all ages die. Diarrhea, cholera infantum, cholera morbus, enteritis, dysentery, cholera, intestinal catarrh, and inflammation of the bowels are some of the many names used to express the manifestations of a few forces which are operating in this portion of the alimentary canal. In this twenty feet of convoluted muscular tubing we find most of those important chemical changes which the food undergoes before absorption, all of which are controlled by that division of force known as chemical affinity, by virtue of which molecules are drawn together, and are then held firmly in position until some other group of atoms, or molecules, having greater affinity, are brought near. This force, which we can no



more know or comprehend than we can electricity, heat, or light, is the cause of all chemical changes, or re-arrangement of atoms, and is very similar to—if not identical with—vital force. It is this force, then, which causes those wonderful molecular changes that take place in the processes of intestinal digestion, and is there transformed into heat and motion. This force, as other divisions of force, will not manifest its power unless under proper environments. It is well known that when the temperature is raised, in cases of fever, to great heights, we do not have proper digestion, or the process may be stopped altogether. Again, if heat be removed from this region, this force is no longer able to act on molecules present.

The presence of a ferment is essential to the union, as well as a sufficient quantity of moisture. It is a curious fact that, under these circumstances, so few of all the atoms that are passed into the intestines are attracted by the tissues, and that so much force evolved by these changes should be expended in eliminating negative particles. Carbon, hydrogen, oxygen, and nitrogen, playing the important vital rôles in all animal life, are found most abundant in starch, sugars, and meats, and are, in consequence, most desired as foods; but each of these compounds have other substances with them that are either carried into the tissues or thrown off by the force produced in the re-arrangement of their particles by chemical affinity. A second force, which is very near akin to the first, if it is not a different manifestation of the same, is osmosis. Along the alimentary canal, whether in depressions or elevations, we have two layers of cells which act as guards against the exit of blood and the entrance of particles into the blood. These cells are found first to constitute the epithelial layer of the intestines, and secondly to be the wall of the capillaries. Through these two layers of cells, then, we have manifested that variety of osmotic force known as absorption, each cell selecting from the liquid mass in the intestine that which has the greatest affinity for its contents and transforming it immediately into force, or storing it up for future use, or throwing it out on the side of greatest attrac-

tion into other cells, or into the blood current. It will be seen, as in the case of the other branch of force, that any change in surroundings will, at the same time, change the rate of this action, stop it altogether, or reverse the current. Thus, if the blood is lessened on the one hand, and the intestinal contents remain the same, this process may be the exact opposite; as when the specific gravity is increased in the intestines with salts or other materials, there being greater attraction toward the heavier liquid in the intestine, osmosis taking place in either case into the cells, by chemical affinity, but being forced out—after the cell is satisfied—on the side which is next the greatest attraction. In this region each cell has the power, by virtue of the affinity of its special cell elements, of drawing into its interior whatever is most attracted in that direction. It so happens, from this splitting up of chemical compounds, that cells may be bathed with an acid fluid and yet have alkaline contents; and, on the other hand, the reverse is true. It will be seen, therefore, that osmosis is not a mere transudation of fluids, but is the result of molecular changes. A third force, which is brought to bear upon the intestinal capillaries, is the result of several forces, and is simply mechanical in its action. I refer to the pressure of blood, which, in the normal human subject, is equal to a column of this liquid six feet in height, and is something less than fifteen pounds to the square inch, since it is resisted by this amount of pressure from without. This pressure, which is every where exerted against the capillary walls, is the result of the actual hydrostatic pressure of blood and the combined force of the muscular contraction of the heart and arterial coats. This, then, since it depends upon so many factors, must be modified by any change which occurs in any one of the causes, or in the combined action of the same, as we find to be true in cases of hypertrophy of the left ventricle, or in mechanical obstructions in the arteries or veins. On the other hand, a depletion of blood lessens both the hydrostatic and arterial pressure, and makes less internal resistance against external forces. It will be seen, therefore, that whatever increases the relative blood pres-

sure tends, at the same time, to a transudation of the most diffusible portions of the blood by overcoming all resisting forces. This statement is a general proposition, but we can not apply it in a general sense to all parts of the body at the same time, since we can not, as a rule, expect a total increased blood pressure, as the causes are usually local from obstruction, irritation, or otherwise. We may have, however, more than the normal quantity of blood, or a normal amount may be made to press through the muscles at a more rapid rate, in either case increasing the general blood pressure.

A fourth division of force also comprehends a class of causes, and taken as such, will be spoken of as external mechanical force. (By external is meant that portion of the intestine which communicates with the outside world.) With the exception of the pressure of the liquid contents, which is usually something less in specific gravity than the blood, all other agents acting under this head have the normal effect to promote chemical changes, or to put into action nerve-force. Under the former class may be mentioned the ferments in the intestinal juices, and under the latter the bile, and *acids* when present. But, besides these normal products, we find various foreign elements which so powerfully induce nerve-force as to cause other great changes which are outside of the limits of healthy tissues. Now, these irritating particles may be mineral, vegetable, or animal, producing effects in either case in proportion to the disturbance caused in the equilibrium existing between all these forces. The last, and most important of all the forces in this region, is nerve-force, which is manifest through a very unstable chain of molecules, and is always changed at once into motion, thus uniting all other varieties of action in this region, when in the normal condition. Now, this new form of force bears such a relation to the other varieties of which I have spoken, that none of them can take place without producing a degree of this power; and, on the other hand, no changes occur in them except by a transformation of this force, unless it may be purely chemical actions. The place where these mechanical and chemical impulses are

converted into nerve-force is in the ganglia, and by a peculiar naming, a power which is found to go to these bodies is said to be sensitive, while the transformed force which comes away is spoken of as motor. If only a small external force be brought in contact with these sensitive tracks, it is all converted into a motor impulse at the first ganglion; but if a great stimulus be thus received, it will be transmitted to many ganglia before being so converted. These propositions, again, are true of any part of the body, but are only urged in case of the intestinal nervous supply, which differs in some respects from other regions of the body, in that the ganglia are more numerous and the nerve-fibers extend on to the capillaries in this situation. Beale, in one of his last works entitled "*Slight Ailments*," has very clearly shown these statements to be true, and has added very much to our knowledge concerning inflammation in this portion of the alimentary canal. It is asserted by this author that afferent and efferent nerve-fibres are found abundantly distributed to the mucous membrane of the intestines on the smallest arteries and capillaries; and that each of these nerve-tracks terminate very soon in ganglia, which are found here in vast numbers. That both nerve-filaments are found on the same situation within the muscular coats of the small vessels, and together with their ganglion have control of this portion of muscular tubing to modify its diameter in the normal condition. A stimulus from without comes in contact with the peripheral extremity of one of these nerves and is converted in the ganglion into nerve-force, and then contracts the muscular coat of the artery in the same situation by the efferent nerve-trunk distributed to the same section; in this way controlling the amount of blood to the part, and thereby limiting all other forces of which I have spoken. It must be remembered that the equilibrium between these forces has been established through many generations of individuals having like habits and surroundings, and that these being changed would necessitate a change in one or all of these powers; that is to say, if we persist in eating hay or gravel, it would be necessary to have a new arrangement of forces which would



ultimately be established, or the equilibrium entirely destroyed. After having discussed the normal condition of these forces, let us now pass into the intestine a bit of sand, and mark the effect as it passes along the tube, otherwise in a state of perfect action. Here it touches the mucous membrane and sets in motion the sensitive nerve molecules, causing them to vibrate at more than a normal rate, the vibrations progressing to the nearest ganglion in the simplest case, but vibrating at such an abnormal rate that the nerve-force is partially destroyed, or changed into other forms of force; the effect being that the arteries dilate, and more blood flows into the part, causing the membrane to become red along the track of the friction. If but a small irritation has in this way occurred, only a few of these nerves and ganglia will be involved, the red patch will be small and well defined; but if the irritation be great, many ganglia and nerves will be implicated, and the inflammation may be general. Let us next take food in a state of indigestion. In the normal condition in the small intestines the food has undergone a certain state of digestion, and in that condition produces no irritation; but if a failure has taken place in the process, the indigested particles no longer bearing a proper relation to these forces, irritation results, with its accompanying phenomena. Again, let us suppose minute organisms of vegetable or animal origin to be passed into the intestine, which there multiply in countless numbers, and, as foreign bodies, produce that intense nervous disturbance known as irritation. As before, we find a disturbance in the normal equilibrium between the forces here present. Lastly, suppose the intestine itself to be folded in such a manner as to act as an irritating cause, and the same phenomena follow. What has been said has had reference to that division of force known as nerve-force, when thrown into more than a normal state of vibration. Let us now look at the effect of this cause among the other varieties of force which have been mentioned before. We found that great nerve stimulants caused less motor force than normal, since so much of the power was expended in other directions; therefore the smaller arteries were dilated and more

blood was allowed, with equal pressure, to flow into the capillaries, stretching their elastic walls and stopping the rapidity of the circulation in this region, which in turn induces greater heart's action. The walls of the capillaries being put on the stretch become thinner, and having at the same time to withstand greater pressure, allow the serous elements of the blood to pass through into the intestine, at the same time interfering with absorption. More liquid being now in the intestine makes the contents easily moved, and by pressure stimulates the muscular coats to action. Under this supposition we would have a catarrh of the intestines and diarrhea, both caused by irritation, and the last the necessary consequence of the first. Suppose now that the irritation be increased until the nerve-elements can not vibrate at all to the rate of the external force, we will have a paralyzed condition of the motor nerve-fibres and a complete dilatation of the capillaries in this region, and in consequence such an increased blood-pressure as to cause rupture of the capillaries, or death of the *cells* from want of oxygen, due to so great slowing of blood, and ulceration would be the result. It will be seen, then, that ulceration is but an exaggeration of the causes which produce the effects spoken of above. Again, some substances or bodies have the power, by actual contact with the epithelial cells, of arresting those re-arrangements of elements called "vital processes," and by this cause death. In such cases we find less resistance to internal forces, and the serum exudes through the weakened walls, carrying off the dead epithelial cells. Such a disturbed condition of forces, with its many consequences, is diarrhea, dysentery, or cholera, according to the extent of the effects and the kind of causes producing them. Lastly, the intestinal mucous membrane may be involved in cases of any general inflammation, as in fevers, either from dilated small blood-vessels, with distended capillaries, or from the effect of certain poisonous elements in the blood, which act directly on the bioplasm of the cells to destroy them. In either case the results are the same. It will be seen then, from the foregoing pages, that although we have many names for diseases in the

small intestines, but very few forces are involved, and most of these diseases are indeed but a greater or less disturbance of the same functions.

Any treatment, therefore, which could be expected to be of service in a majority — if not all of these diseases — must be directed to removing the external irritants, or counteracting the effects of the same by remedies which will establish the normal nerve-force, or act directly on the muscular coats of the small arteries to contract them.

RICHMOND, IND.

## Reviews.

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**A Text-book of General Pathological Anatomy and Pathogenesis.** By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by DONALD A. MACALISTER, M. A., M. B. New York: Wm. Wood & Co. 1883. 1 vol. 8vo. Pp. 370.

There are books in which the individuality of the author is but slightly or not at all apparent. They may not exactly be compilations, but largely consist of history, of citations of the views and works of others. The author has no views, and expresses only those held by some one else. Other books bear the mark of a strong individuality, express independent views, relate original or, at all events, personal experiments. The author's views may not accord with ours, our experience may have been the very opposite to his, but we are nevertheless interested. He tells us candidly what he has seen, what done, and the opinions he has reached. We may not like his style; the arrangement of his material does not meet with our approval. It is not a book we would keep on our table for frequent reference, nor one upon whose page we would linger with pleasure, and for which the owner takes up a real affection.

Professor Ziegler's book gives, with a strong personal bias, the most modern teachings in general pathological anatomy. The second volume, by the same author, on Special Pathological Anatomy, is in course of publication in Germany. There is a growing liking among us for German medical literature, and this work may be found to satisfy a want in this direction. The book is well translated, and the last part, on Parasites, Vegetable and Animal, will be found more full and up to the present time than any thing in the English language.



**Transactions of the New York Academy of Medicine.** Second Series. Vol. 3. 1883. Printed for the Academy.

This is an attractive volume of two hundred and five pages. The articles are valuable and well written, and some of them of more than ordinary interest. They appear in the following order :

The Galvanic Accumulator for Storing Dynamical Electricity for Cautery and Illuminating Purposes, by Louis Elsberg, A. M., M. D.

Lesions of the Orbital Walls and Contents, due to Syphilis, by Charles Stedman Bull, A. M., M. D.

Pyemic Parotitis, by Charles A. Leale, M. D.

The Early Diagnosis of Chronic Bright's Disease, by T. A. McBride, M. D.

On Spontaneous Version and Evolution in Shoulder and Arm Presentations, etc., by J. G. Taylor, M. D.

Some Clinical Observations on Diabetes Mellitus, with Cases, by A. A. Smith, M. D.

Persistent Recurring Reflex Spasm of the Bladder during a Period of Twelve Years, resulting in Thickening of its Walls, Dilatation of the Ureters, and Hydro-Nephrosis, Death from Uremia, by Fessenden N. Otis, M. D.

Cases bearing on the Diagnosis and Localization of Cerebral Diseases and their Difficulties, by E. G. Janeway, M. D.

On Excision of the Chancre as a Means of Aborting Syphilis, by Prince A. Morrow, A. B., M. D.

The article on Pyemic Parotitis, by Dr. Leale, and Dr. Elsberg's paper on the Galvanic Accumulator, are perhaps the most interesting contributions.

The absence of the names of many of the most distinguished and leading men from the pages of this volume must be regretted. Thomas, Metcalfe, Flint, Sayre, Barker, Keyes, Markoe, Hamilton, and many others almost as well known, are not even mentioned, except in the list of officers and fellows, and in the list of contributors to the building fund of the Academy.

**Handbook of Electro-Therapeutics.** By DR. WILHELM ERB, Professor in the University of Leipsic. Translated by L. P. LUTZEL, M. D., Neurologist to Randall's Island Hospital and Physician to the Clinic for Nervous Diseases Bellevue Outdoor Department, etc. With thirty-nine woodcuts. 1 vol. 8vo. Pp. 366. New York: Wm. Wood & Co. 1883.

This work consists of thirty-six lectures and an index. It presents the subject of Electro-Therapeutics arranged in five parts or sections. Part I, Physical Introduction. Part II, Physiological Introduction. Part III, Method of Electrical Examination and Electro-Diagnosis. Part IV, General Electro-Therapeutics. Part V, Special Electro-Therapeutics. It is an excellent *résumé* of the present state of knowledge of this important branch of therapeutics. In spite of several quite meritorious works dealing with the same subject, already before the public, it must prove a valuable addition to medical literature, and will doubtless, as it deserves, find an extensive circulation. It is clear and concise, and covers the ground quite thoroughly. Unlike some other volumes, it is not overburdened with used-up illustrations which increase the bulk and cost without adding to the instructiveness of the book.

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**Transactions of the Indiana State Medical Society for 1883.**  
Thirty-third Annual Session.

The table of contents is quite rich, and furnishes the titles of numerous papers, a considerable number of which are found, on perusal, to be excellent both as to the subject-matter and manner of handling it. The Indiana State Medical Society is an active and earnest organization, doing good, efficient work for the profession as well as for the benefit of its members.

## Clinic of the Month.

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THE USE OF ANTIMONY IN CERTAIN SKIN DISEASES.—Mr. Malcolm Morris, F.R.C.S.Ed., Surgeon to the Skin Department of St. Mary's Hospital, writes: Considering the close chemical affinity of three important drugs, phosphorus, arsenic, and antimony, it is somewhat surprising that little use should have been made of the last in the treatment of diseases of the skin. Of the three, arsenic is the one which has gained the greatest notoriety. It has passed alternately through the phases of great popularity—being considered by some a specific for every form of skin affection—and of equally undeserved disrepute. Now, however, we are forming a more rational estimate of its value; and, while acknowledging its utility in a certain well-defined condition, I have thought it might prove useful to bring before this section some of the results observed during the administration of its near ally. A certain share of attention has also been paid to phosphorus, but antimony has hardly been noticed. The probable reason for this is that antimony has been looked upon as a drug to be avoided, on account of the dangerous symptoms produced by even apparently moderate doses. But the same argument that applies to arsenic, and strychnia, and other drugs, applies with equal force to antimony—that the action depends entirely on the dose employed. We find in text-books that it has two actions, in the smaller pharmacopeial dose depressant or antiphlogistic, in the larger dose emetic. But no mention is made of its alterative action in repeated small doses. The sulphide, in combination with mercury and guaiacum, is the only preparation which has been used for this purpose.

Tartar emetic, or tartrated antimony, is the preparation I have used in these investigations, the largest dose being one thirty-second of a grain, or seven and one half minims of the

vinum, only a minimum dose of the British Pharmacopeia. I must mention that, in all cases in which the effect of the drug has been watched, little or no local treatment has been used.

I will state now, in as concise a manner as possible, some of the more important diseases in which I have used the drug, leaving a more complete and detailed account for another opportunity.

*Eczema.*—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as eczema rubrum, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhea being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhea may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localized, the use of antimony is less often successful; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginodes of children, I have noticed little

benefit from the drug till the scabs have been removed and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In the various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

*Erythema.*—In most of the cases of erythema met with in practice, the eruption disappears without any special treatment; occasionally, however, when the disease is continued by fresh outbursts, antimony is of great service in modifying the course and relieving the burning and heat. There is a condition which is not clearly described either in special books on the skin or in those on general medicine, that I have found to be greatly benefited by antimony, whereas it is aggravated by arsenic. The attack usually commences suddenly, with heat and burning of the skin of the face, which is followed very rapidly by a great swelling that often involves the eyelids. The smarting is severe, and pain is experienced when the part is touched. Occasionally, vesicles or bullæ are formed on the swollen and inflamed skin. The patient feels ill, but there is no special rise of temperature. The disease usually runs its course in from three or four to ten or even twenty days. The chief feature of the disease is that it is almost certain to relapse. By some authorities, this is considered to be idiopathic erysipelas—the public always call it so; by others, it is looked upon as a peculiar form of eczema, and said to be associated with gout. I have seen several cases, and am inclined to think it may be called relapsing erythema, as it has none of the dangerous qualities of genuine erysipelas. Antimony acts in this disease as in acute eczema, by shortening the attack and diminishing the severity of the symptoms. It should be continued for a considerable time after recovery to prevent, if possible, a relapse.

*Prurigo.*—In this troublesome affection, frequently met with in our out-patient rooms—the relation of which to the severe form known on the Continent as Hebra's prurigo, Mr. Morratt



Baker pointed out at the International Congress of 1881—antimony is of great use. Three or four minims of the vinum, continued over a long period, allays the itching to a large extent, and often prevents the relapses of eczema. In several cases after arsenic, iron, iodide of iron, cod-liver oil, and numberless other tonics had been tried, antimony was the only drug that produced any benefit whatever. When given in the before-mentioned doses continuously for more than a year, I have never seen sickness, diarrhea, sweating, or debility; but, on the contrary, the appetite improves and the weight increases. I have not had the opportunity of trying the remedy in a patient older than eighteen and a half years' suffering from this disease; but in one particular case of that age the benefit was most marked while the drug was being taken.

*Sycosis.*—I have given antimony in five well-marked cases of this disease; in four, it did not seem to produce any effect, either beneficial or otherwise; in the fifth, there was considerable improvement after the vinum had been taken a fortnight in seven-minim doses. It seemed to relieve the pain and burning; but, although the remedy was persevered with for over three months, the improvement was only temporary. The local treatment while the drug was being administered was olive oil or vaseline. In none of these cases was there any bad effect; no depression, diarrhea, sickness, or sweating.

*Urticaria.*—In a few cases of chronic urticaria, I have found antimony, like arsenic, of service in checking attacks so long as the remedy was continued.

*Psoriasis.*—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress

on; first, that tartar emetic—in doses of one two-hundred-and-fortieth to one thirty-second of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic. (British Medical Journal.)

CASE OF BASILYSIS.—In the Section of Obstetric Medicine, at the annual meeting of the British Medical Association, 1883, Dr. J. Halliday Croom described a case where this operation was found necessary: Among the recent improvements in operative midwifery, the operation of basilysis, as a means of comminuting the fetal basis cranii, deserves to occupy a prominent place. Devised by Dr. A. R. Simpson, some years ago, and carried out by him in practice, it has, in my opinion, quite fulfilled the expectations he formed of it. I gladly take an opportunity of a recent case, which occurred under my care in the Maternity Hospital, to bring this operation under the notice of the Section. The case was as follows:

S. W., a primipara, age twenty-six, was sent to the Maternity Hospital on the forenoon of Sunday. At the time of her admission, she was well advanced in the second stage of labor; the membrane had ruptured early in the morning, and a loop of the cord had prolapsed in advance of the head. I saw her shortly after admission, and found the conditions as described; and further found, on abdominal palpation, a very prominent uterine tumor; the head at the brim, but unengaged, and back to the left. There were no fetal heart-sounds to be heard.

On vaginal examination, the head was presenting, the membranes ruptured, and a loop of cord prolapsed and pulseless. The occiput was to the left, and the sagittal suture transverse. The conjugata vera diameter, gauged by the diagonalis, measured slightly less than two and a quarter inches. The pelvis was a distinct rickety one. The indications, therefore, for reducing the head were obvious. This I did with the basilyst in the following way: With the assistance of Dr. Barbour, the head was

steadied thoroughly at the brim, and the basilyst introduced at the most centrally presenting part of the right parietal bone. The cranial vault was easily pierced, and the instrument pressed down through the cerebral substance to the base of the skull. While Dr. Barbour kept the head perfectly steady, I screwed the basilyst home into the base, and, closing the handle, easily effected separation of it. The head immediately collapsed, and was pushed by Dr. Barbour through the brim, with slight aid on my part with the crotchet. Indeed, the use of the crotchet was almost unnecessary, as, after the collapsed head was well pushed into the brim, its extraction was mainly accomplished by the hands *per vaginam*, aided by suprapubic pressure.

On examination of the head after birth, it was found that the basilyst had entered the right parietal bone, and then passed down to the basi-occipital, just behind the foramen magnum, and the base was found to be splintered both laterally and anteroposteriorly. The disintegration of the base of the skull was remarkably complete, as the recent preparation which I now exhibit shows; and the great diminution in the bulk of the head is obvious from the fact that suprapubic pressure was of itself sufficient, with but little aid from the crotchet, to push the head through the brim.

*Remarks.* The introduction and working of the instrument are simple enough, but there is one point which, in a former case, offered some difficulty; namely, the doubt, after the basilyst has pierced the vault, as to whether it goes directly to the base. This is more apparent than real, for, if the head be well steadied and its position distinctly made out, there can be but little risk in pushing the instrument straight on in the proper axis. Of course, in case of extreme flexion, it will be easier to strike the center of the base than in a case of a flat pelvis, where marked Naegele obliquity is combined with extension.

This is illustrated in the case I have just recorded, where the basi-occipital bone was struck instead of the sphenoid; but, as the case showed, the result was none the less satisfactory. In any case, the risk of missing the base is very slight. It has been

urged against this method of communication and delivery, that some instrument for extraction in addition to the basilyst is required. First of all, let me point out that, in the case in point, with a head perforated at the occiput, and with a two inches and a quarter brim, suprapubic pressure was almost enough to effect delivery; and secondly, it must be kept in view that a second perforation of the base can always be performed when necessary, reducing the whole head to a veritable pulp, and allowing it to pass through the pelvis with the aid of the hands and suprapubic pressure alone. It has, therefore, the advantage over cephalotripsy and other forms of embryulcia, that delivery is accomplished without the application of any instrument external to the head. (British Medical Journal.)

DOUBLE SALPINGO-OVARIOTOMY—RECOVERY.—Reported by W. R. Pryor, M. D., Assistant Gynecologist to St. Elizabeth's Hospital, New York. (Medical Record.)

*History.* The patient is thirty-two years of age, and married. She began to menstruate when sixteen years of age, and did so regularly up to the time of her marriage, ten years ago. Before and during her marital life she has suffered a good deal at each menstrual epoch. She has had two children and two miscarriages, her last pregnancy resulting in a miscarriage about three years ago. Her present trouble dates from that time. For six weeks after this abortion she bled almost continuously, and at the same time suffered very acute pain in her pelvic organs. The symptoms were thought to be due to a laceration of the cervix uteri, which existed, and for which an operation was successfully performed by Dr. Watts. The bleeding ceased, but she remained in bed for over two months longer with all the symptoms of severe pelvic inflammation. She improved a little, sufficiently to get up and walk about the room; but soon she had a relapse, and was again confined to bed for many weeks. For the past three years this woman has continued in this way, alternately confined to bed with the most intense pelvic pain, which was relieved only by large doses of opiates, or up,



scarcely able to walk, and every effort greatly increasing her suffering, she at last arrived at that point where life was made bearable by opium only, and she readily and eagerly accepted a proposition of an operation.

*Examination.* The patient is thin, but in better health than we would expect to find her after hearing her history. The uterus was perfectly movable antero-posteriorly, but its mobility was very much restricted laterally, especially on the left side, in which direction it was slightly drawn. The left fallopian tube could be distinctly felt as an enlarged and thickened cord, and most exquisitely sensitive to pressure. The ovary also of that side was very tender. There was not so much sensitiveness developed on pressure in the right ovarian region, but one could distinctly feel the ovary greatly enlarged. On examining her with Sims's speculum, we found a good deal of free pus in the vagina. This was wiped away, and she was again examined in the dorsal position. Placing her in Sims's position again, we found that more pus had entered the vagina, but no fistulous opening could be seen. On making gentle pressure in the region of the left tube, pus was seen to ooze from the os externum in considerable quantities. As the pus was quite fluid and not mixed with tenacious mucus, and as there were no signs of metritis or endometritis, we naturally came to the conclusion that the fallopian tubes were the seat of a purulent inflammation.

The operation was performed by Dr. W. Gill Wylie at 3:30 P. M. A Sims's uterine repositor was placed into the uterus, and gentle upward pressure was made with it, thus greatly facilitating reaching the uterus and its appendages from above. The primary incision was short, not more than three inches, being more exploratory than otherwise. It was subsequently enlarged. After the skin all the tissues were divided upon a broad director, and the abdominal cavity entered to the left of the linea alba. We found the left ovary prolapsed and somewhat adherent low down to the wall of the true pelvis, with the tube firmly adherent to the ovary. The right ovary also was



adherent, but the tube of that side was free. The ligatures used were of silk, and two were applied on each side of the structures to be removed. This was rendered necessary by the extent and vascularity of the adhesions. In passing the ligatures we used a full-curved round needle about two and one half inches long. After tying off, and removing the left ovary and tube, the stumps were held up for a few moments to make sure that no bleeding was going on, touched with Paquelin's thermo-cautery, the ligature cut short, and the stumps returned. The same method of procedure was employed with the right appendices uteri. Having removed all free blood and clots from the pelvic cavity, and again examining the stumps for bleeding, the abdominal wound was closed with silk sutures.

The following extremely useful precaution was taken in this case: As soon as the abdomen was opened several temporary silk sutures were passed through each lip of the wound, and including all the tissues from skin to peritoneum, thus preventing the stripping back of the peritoneum from the muscles when the hands are passed into the abdominal cavity. Should this accident occur it is usually impossible to prevent the sutures tearing through the peritoneum when we endeavor to close the abdominal wound. After the operation a carbolized dressing was applied. Operation completed in an hour.

First day patient slept till 7 P. M.; then awoke with some abdominal pain; pulse 90. 9:30 P. M.: Has been asleep since 7:45; vomits very little; pulse 92. 11:30 P. M.: Has slept most of the time since 9:30; slight pain; hiccoughs occasionally, and has a little eructation of watery material; temperature  $99^{\circ}$ ; pulse 94; respiration 16-18; sleepy. 11:45 P. M.: Increase of pain, occurring spasmodically.

Second day, 4 A. M.: Slept steadily up to 1:30 this morning; since then she has awakened occasionally; temperature  $99.2^{\circ}$ ; pulse 100; respiration 20; complains of thirst and slight chilliness; general condition excellent; is quiet, and mind calm, being disposed to drowsiness. 10:30 A. M.: Temperature  $100^{\circ}$ ; pulse 92. 12:00 M.: Temperature  $99.8^{\circ}$ ; pulse 108; respiration 10.

3:00 P. M.: Temperature  $100.75^{\circ}$ ; pulse 100; for the first time allowed her to have nourishment (koumiss in one-dram doses). 8:00 P. M.: Temperature  $101.75^{\circ}$ ; pulse 118; koumiss in two-ounce doses. 10:00 P. M.: Temperature  $101.4$ . 11:30 P. M.: Temperature  $101^{\circ}$ ; pulse 118. Since the operation fourteen ounces of urine have been drawn; she has taken ten ounces of koumiss, and has received two and a half grains of morphia hypodermically. In the past twenty-four hours she has not vomited once, and has had but little pain.

Third day, 10:00 A. M.: Temperature  $100^{\circ}$ ; pulse 96. 3:30 P. M.: Temperature  $99.5^{\circ}$ ; pulse 108. 5:00 P. M.: Temperature  $99.5^{\circ}$ ; pulse 92. Midnight: To-day she has taken nearly four pints of koumiss without in the least forcing herself; has received one and a half grains of morphia hypodermically, and fifteen ounces of urine have been drawn; only once has she had pain; no vomiting.

Fourth day, 10:45 A. M.: Temperature  $98.25^{\circ}$ ; pulse 84; commenced giving her the expressed juice of beefsteak cooked rare. 6:45 P. M.: Added pancreatized milk to her *menu*. 8:30 P. M.: Temperature 99; pulse 88. Midnight: Dressed the wound to-day under the spray; the first dressing was found but slightly stained by blood, and was perfectly aseptic; firm union existed along nearly the whole line of incision. To-day she has received less than one grain of morphia. Drew sixteen ounces of urine. Abundance of koumiss, beef-juice, and pancreatized milk taken.

Fifth day, 10:00 A. M.: Temperature  $98.5^{\circ}$ ; pulse 80. 10:00 P. M.: Temperature  $99.5^{\circ}$ ; pulse 108. After this the temperature never reached  $99^{\circ}$ .

Eighth day: Sutures removed; line of union unbroken except at one point in the center where there was some ectropion of the skin; to this raw surface applied iodoform dressing.

Tenth day: Simple enema given, followed by a large and painless stool, the first movement since the operation.

Sixteenth day: Out of bed; morphia has been gradually decreased, and was entirely stopped to-day without any bad results except a slight exhibition of temper on the part of the patient.

Thirtieth day: On making an examination to-day we find the following condition of things: The uterus is freely movable in every direction. Douglas's *cul de sac* is occupied by a knuckle of intestine which can easily be pushed up. On each side, running from the uterine stump of the tubes, and apparently terminating at the posterior vaginal wall opposite the os externum, is a firm fibrous band which is slightly sensitive to pressure. These, I think, are the result of a slight inflammation which took place on the second day, when her temperature first reached  $101.75^{\circ}$ . Beyond this, and the absence of the organs removed, no indication of an operation exists.

Thirty-first day: Patient is menstruating; the flow is slight, and she has less pain than at any of her previous menstrual epochs. She has certain nervous symptoms, such as are often seen in women at the menopause.

*Remarks.* The diet of this patient for the first few days is mentioned because I think that it is one of the most important factors influencing cases of laparotomy. For the first twenty-four hours the woman received nothing into her stomach except occasionally a teaspoonful of iced water. Had she been given, as is often done, milk and beef-tea *ad libitum*, her stomach, irritable as it was after the etherization, would most certainly have been markedly disturbed, and the efforts at vomiting would have defeated us in what we strive to obtain in these cases, viz. perfect rest of the abdominal organs. What little vomiting she did was more regurgitation than vomiting, as it was done without effort or nausea. When we did begin to give her nourishment, it was in gradually increasing quantities of the easily assimilated koumiss and peptonized milk. The quantity of morphia administered may seem excessive, but the effect produced upon this *habitué* was not more profound than would follow the taking of one grain of opium three times a day by a person unaccustomed to its use.

REMOVAL OF THE GALL-BLADDER.—At a recent meeting of the German Surgical Congress in Berlin, Dr. Langenbeck, of

Berlin, showed a woman, aged thirty-four, from whom he had removed the gall-bladder. The patient had suffered from gall-stones for nine months. The gall-bladder was felt as a hard, prominent, sensitive tumor. On opening the abdomen the gall-bladder was found to be hypertrophied and adherent to the neighboring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct, and the patient now looked well and blooming, although she had had a floating kidney removed in 1881. (Medical Press.)

DIAGNOSIS OF LINGUAL ULCERS.—We take the following table from the British Medical Journal:

CARCINOMATOUS.	SYPHILITIC.
Age—usually after forty-five years.	Age—usually after forty-five years.
Exceptions.	Exceptions.
Site—usually on one side. Tends to invade floor of mouth.	Site—on the upper surface; often in middle line.
Edge—defined, infiltrated, everted, hard.	Edge—less defined; may be excavated and sloughy; not infiltrated or everted. Another s. myositis interstitial and diffuse.
Pain—constant; darting into ear, etc.	Pain—comparatively slight.
Fixity—marked, from tendency to invade floor of mouth.	Fixity—not marked.
Glands—submaxillary lymphs soon involved and hard.	Glands—affected less rapidly and to a much less degree. Post.-cervic. as well as submax. Grows less hard.
Progress—steady; often rapid. Resists treatment.	Progress—slow; often stationary. Amenable to treatment.
Origin—in a slight abrasion; a fissure or crack; wart (rare).	Origin—in a “lump.”
Previous history and concomitant signs—perhaps of irritation.	Previous history and concomitant signs—of syphilis.

THE CONVERSION OF MALIGNANT INTO BENIGN TUMORS.—The celebrated Prof. von Nussbaum, of Munich, recently delivered a clinical address on the above subject, which has been published by Finsterlein, of that city. It was Thiersch who uttered the weighty words, “One ought not to despair of discovering a



method of curing cancer if one could succeed in causing the proper remedy to act immediately on the structural elements for sufficient length of time to prevent their proliferation without destroying them." Since many methods of treatment have already proved ineffectual, Nussbaum believes that he has discovered one that promises to fulfill the requirements of Thiersch, and which has, in fact, already shown good results. Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply, in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermo-cautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that gangrene never takes place." The thermo-cautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hemorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it." (Medical Press.)

CHRONIC HYDROCEPHALUS RESULTING FROM ACUTE MENINGITIS.—This is the report (*L' Union Méd.*) of the case of a boy, six and one half years old, whose two aunts were insane, and who had in infancy had frequent convulsions. When five years old, he had measles. After this, he lost his brightness, was backward in mental and physical development, and had an inordinate appetite. For a short time before he came into Dr. Mathelin's hands, he had been peevish, fretful, waking crying from his sleep, complaining of headache, had frequent vomiting, and three or four attacks of tetanic convulsions. Pulse was ninety, very irregular and intermittent, the right pupil dilated



and not reacting well to light, the temperature  $38.5^{\circ}$  to  $39^{\circ}$  C., the bowels confined, and abdomen dilated. Dr. Mathelin diagnosed acute meningitis, and gave a bad prognosis, but in a few days improvement set in, and in about two weeks the child seemed well. Four and a half months after this, there began other more severe nervous disturbances—amaurosis, continual vomiting, general and very great weakness. The child lay motionless. The body was stiffened tetanically, the gaze blank, the pupils enormously dilated, the eyes were ceaselessly rolled up and down, the head from side to side, the lower extremities were flexed, there was incontinence of urine, and frequent epileptiform attacks. This attack Dr. Mathelin considered as a chronic hydrocephalus, consecutive to the acute meningitis. After other treatment had failed, the continued use of the constant current effectually relieved the more severe symptoms, but the convulsions still occasionally occurred.

SCARLET FEVER IN ITS RELATIONS TO THE PUERPERAL STATE. J. T. Burgess, L.R.C.P., L.R.C.S., Edinburgh, writes, in the London Lancet: The two following cases are interesting, and I trust worthy of record as illustrating a connection between the scarlet and puerperal fevers. They at the same time throw some light upon the questions relating to the period of incubation and to the vitality of the contagious principle of the former disease. Lastly, they painfully demonstrate the fearful responsibility that devolves upon the medical practitioner toward his lying-in patients during the time he is in attendance upon scarlatinal cases.

On November 20, 1882, Mrs. A., aged twenty-two, residing temporarily in an isolated cottage in a sparsely populated district, was delivered of a first child. The labor was tedious, and eventually was terminated with forceps, the child being still-born. The mother, however, progressed satisfactorily until Saturday, November 25th, when she became somewhat feverish, and complained of sickness and diarrhea. The next day (26th) the throat was sore, temperature  $102^{\circ}$ , and a slight rash was

noticed on the upper parts of the body. This, during the next few days, became of a bright uniform scarlet, ran the usual course of a scarlatina eruption, and was followed by free desquamation. Thus far no other complication had arisen, but on Wednesday (29th) a change for the worse occurred, the temperature, which had become almost normal, rose to  $103^{\circ}$ , the body became tympanitic, lochia slightly offensive, and intellect clouded. A hospital nurse was at once sent for, and the next day a consultation was held with a neighboring practitioner. Symptoms of exhaustion, however, such as muttering delirium, picking at bedclothes, dry, brown tongue, etc., set in, and the tympanites increased. Patient sank on Sunday morning, December 3d, thirteen days after delivery, the temperature, as taken by the nurse shortly before death, having reached  $106^{\circ}$ . The origin of the poison in this case was at first difficult to discover. There had been no recent case of scarlet fever in the neighborhood, and I failed to trace any exposure to infection on the part of patient, nurse, or medical attendant. The following is the only solution of the problem which, after most careful inquiry, presents itself. The patient, upon marriage, was compelled to make temporary use of a cottage which had been empty for some time, and was condemned to be pulled down. The occupants of this cottage, who left it twelve months previously, had all suffered from scarlet fever, and the house had never been disinfected. The bedroom in which my patient was confined had to undergo a certain amount of preparation immediately before the event came off, and among other things, in order that the fireplace might be available, a quantity of old sacking was removed from the chimney. To this disturbance I am inclined to attribute the setting free of scarlatinal poison.

While in attendance upon the above, I was called upon, December 1st, to attend M. G. This patient resided seven miles distant from the previous case. There had been no scarlet fever cases in her village, nor, as far as could be ascertained, could she have had communication with any one suffering from that disease. M. G. was twenty-two years old, unmarried, and was

prematurely delivered in the early morning of December 2d of a small weakly child which died during the day. About 11 A. M. the patient had a slight convulsive seizure, to which no importance was attached, as the girl had frequently shown symptoms of hystero-epilepsy during the two previous years. On Monday, December 4th, however, a severe rigor took place in the afternoon, followed by a feverish state at night. A dose of castor oil was administered, after which a troublesome diarrhea persisted for about a week. On the 5th the throat became sore, and the feverish state continued. On the 6th I was called up at midnight, and found the patient delirious and more feverish, the throat much inflamed, but no appearance of rash. On Saturday evening (8th) the patient was decidedly worse. Irregular patches of dull red eruption were visible on various parts of the body, delirium had increased, the abdomen was greatly distended, and exhaustive symptoms were becoming prominent. During the next week there was very little change, except that desquamation manifested itself and went on freely. The urine, though at first scanty, was passed in fair quantity, but was slightly albuminous. The diarrhea ceased, and it became necessary to administer aperients. All this time the body remained much distended and painful in the hypogastric region. On the 16th the patient complained of pain in left side of thorax, which was easier on the 17th, but worse on the 18th, when the respiration was 38, pulse 158, and temperature  $103^{\circ}$ . There was some dullness at the left base and a slight rubbing sound above, probably pleuritic. The next two days saw symptoms somewhat better, but on the 21st there was a decided change for the worse. Pneumonia and the greatly distended abdomen together were telling upon the respiratory function, respiration being 48, pulse 174, and temperature  $104.6^{\circ}$ . The skin was pale, lips livid, and face anxious-looking, though the delirium had passed away. After again rallying on the 22d, the patient sank from exhaustion on the 25th. On the 17th, a younger sister in the same household, who had been in close attendance upon the patient, became feverish. On the 18th rash appeared, accompanied with slight

sore throat, and during the next few days she passed through a mild attack of scarlatina.

That the foundation disease in both these puerperal cases was scarlet fever can scarcely admit of doubt. The clinical history of the first case was well nigh typical, and any shade of hesitation about the second was dispersed by the appearance of the disease in the younger sister. Had this second case stood alone, the real nature of the foundation disease might possibly have been overlooked, owing to the irregularity of the eruption, both as regards time and appearance, notwithstanding the presence of sore throat and subsequent desquamation. The more important complications appeared to take the form of serous inflammations, and to be exaggerations of the after-consequences rather than of the primary symptoms of the disease. If we accept the theory that the first case received its contagion from the cottage itself and on the day of confinement (November 20th), we find a period of five days to have elapsed before the first manifestations of symptoms. In the second case, supposing the medical attendant to have conveyed the infection at the time of parturition, the period of incubation was only three days. In the young girl's case it is difficult to state any definite period of incubation, since it is impossible to fix the exact date upon which she received infection. In the absence of other explanation the first case tends to prove that the vitality of the scarlatinal germ may, under favorable circumstances, continue for at least twelve months, a period much beyond its usually allotted span. It is needless to add that, as soon as the suspicion of the nature of the second case dawned upon me, I at once gave up attending puerperal cases and continued to do so till a month after the death of the patient. During that time I thoroughly fumigated all clothing, instruments, etc., and submitted myself frequently to disinfectant baths. I am thankful to say that, on renewal of midwifery practice, no further calamity has occurred.

BORAX AND GLYCERINE IN ERYSIPELAS.—In the *Medical Times* (Philadelphia) will be found an article on the treatment of ery-



sipelas, in which the writer recommends the local application of borax dissolved in glycerine in the strength of one dram to the ounce, and applied on linen. The writer speaks from an experience of eight years, and claims that it cuts short the disease in a remarkable manner. (Canada Lancet.)

MODE OF REPRODUCTION OF THE LIVER.—While conducting some experiments upon the spleen of a dog, Dr. Tizzoni accidentally wounded the liver at the edge of one of its lobes. (*Journal de Médecine de Paris.*) Six months later he discovered a tumor at the exact point where the wound of the liver had been made. It had all the gross appearance of the liver substance. A portion was treated with bichromate of potassium and alcohol, and then numerous transverse and longitudinal sections were made. From a study of these the author arrived at the following conclusions: (1) Under certain circumstances the liver may be produced at the point where it has been wounded; there is a new formation of hepatic cells and biliary ducts. (2) Unlike what occurs in the spleen, the great omentum adherent to the wound in the liver does not take part in the reproduction of the substance of the organ, but serves merely as the stroma in which the newly-formed tissue arises and is developed. (3) The new tissue arises from the pre-existing hepatic cells, which by cellular multiplication send out offshoots which penetrate into the epiploön, like the prolongations of an epithelial tumor, in the connective tissue of the skin; the hepatic cells present numerous nuclei, sometimes as many as twelve, which are deeply stained with carmine. (4) Some of these cellular prolongations have a light center, and assume the appearance of bile-ducts, while others are filled with protoplasm and nuclei, and resemble then the hepatic cellules. (5) The newly-formed hepatic cells, which resemble histologically the old ones, have that in common with the hepatic cells of the embryo, that they remain for a long time separated by true lacunæ filled with blood. (6) The acinous disposition is wanting, but large blood-vessels, especially veins, and biliary ducts can be seen. The author concludes from this



that the regeneration of the liver is in all points identical with the embryonic development as described by Remak and Kölliker. (Medical Record.)

NEPHRECTOMY IN BIRMINGHAM.—On August 11th Mr. Bennett May excised the right kidney of a female patient, aged twenty-four, at the Queen's Hospital, Birmingham. The organ, which was the seat of tubercular disease, and weighed nearly a pound, was removed by lumbar incision. No urine was secreted after the operation, but with this important exception there was little indication of local or constitutional disturbance till the patient's death, which occurred suddenly five days afterward. The necropsy showed, as the suppression of urine indicated too surely, that the other kidney was also disorganized by similar disease. (British Medical Journal.)

THE LOCAL TREATMENT OF ACNE SIMPLEX AND ROSACEA.—In a recent thesis, an abstract of which we find in the Journal of Cutaneous and Venereal Diseases, M. Morin says that this can be satisfactorily carried out only by direct action upon the malady at its original seat. The following is the method devised and recommended by the author: He takes a fine darning-needle, having an eye somewhat longer than that of a sewing-needle. Holding this by the point, he introduces it into the affected gland by a rotary movement which causes some of the sebaceous matter to lodge within the eye of the instrument. The latter is withdrawn, cleansed, and re-introduced, and the operation is repeated once or twice until, the gland being emptied, its floor is touched by the needle, when a slight pricking sensation is experienced. The same needle, or another similar one, held in the same way, is then dipped in an alcoholic solution of iodine—of greater or less strength, but never weaker than that of the French pharmacopeia—and is again passed into the gland, charged with a drop of the iodine tincture, which is thus brought into immediate contact with the focus of the disease. After a few minutes a clear liquid, slightly colored by

the iodine, will exude from the gland, sometimes in a drop as large as a tear. This flow will cease within an hour. Twenty-four hours later, in cases of acne simplex, the inflammation, when unaccompanied by suppuration, will have wholly disappeared. If suppuration, however, had existed, it will be found perceptibly diminished, needing only two or three repetitions of the process to effect its entire cessation, followed by a permanent cure. Rosacea, being of a more intractable character, requires the application to be made several times, when results equally favorable will certainly be obtained. The advantages claimed for this mode of treatment over any local measures previously employed are: That it is easily carried out; produces no additional disfigurement; is painless; does not necessitate the seclusion of the patient, and may be relied upon to effect speedy cures even in cases otherwise hopeless. (New York Medical Journal.)

**SPLENECTOMY.**—Rather more than a year ago Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythemia. From this fact, Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythemia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood changes were far advanced. A case has occurred in the practice of Franzolini, of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left side of the abdomen two years before she came under his care; after eighteen months a large splenic tumor was noted; and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an

incision in the linea alba, its artery and vein were ligatured separately; it weighed after removal and when emptied of blood fifty-two ounces. The leucocythemia gradually subsided, and had disappeared altogether in four months. This case is certainly encouraging. Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the *Archives Générales de Médecine*. His conclusions, based upon a study of the recorded cases, are, that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hemorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause; or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms, the operation is comparatively easy and successful; while in cases of hernia of the spleen following an injury the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it. (The Lancet.)

DILATATION OF THE CERVIX IN HYSTERICAL OPISTHOTONOS.—A young woman was recently brought to Von Nussbaum's clinic, who one year before had had the operation of slitting the cervix performed on account of amenorrhea and hysterical cramps. The operation had given relief, but was not permanent.

The cervix felt hard and cartilaginous, and the os was closed. The cramps had returned and were of the true opisthotonic type. Von Nussbaum repeated the slitting, and inserted his index finger into the uterine cavity; he then thoroughly cauterized the lips of the wound with Paquelin's thermo-cautery. The operator hopes for the best results from this treatment, and so far the cramps have not returned. (*Allgem. Wien. Med. Zeitung.*)

PROPHYLAXIS OF PUERPERAL FEVER.—The paper by Swiecicki, in *Centralbl. f. Gynäk.*, as to the time during which a physician should abstain from obstetrical practice after having made an

autopsy, or after attending a case of puerperal fever, has brought out a communication from Hermann Löhlein to the *Gesellschaft für Geburtshilfe und Gynäkologie zu Berlin*, in which he replies to Swiecicki. It will be remembered that Swiecicki concluded that the proper time for this self-quarantine was eight days. It is clear, says Löhlein, that if this rule be rigidly carried out, grave consequences and great inconveniences will result. Hospital physicians would be unable in many cases to perform their duties, and medical students who are dissecting would be excluded from hospitals; for if the performance of an autopsy is a sufficient reason for quarantining a physician, the opening of an abscess, or examining a case of cancer of the os, is also sufficient, and endless inconveniences would result from this practice. He believes that strict cleanliness and proper antiseptic precautions are all that are necessary. (*Centralbl. für Gynäk.*)

NEPHRITIS FROM COMPRESSION OF THE URETERS IN CANCER OF THE UTERUS, WITH CONSECUTIVE HYPERTROPHY OF THE HEART. It is not rare to find, says M. G. Artaud, at the autopsy of women dead of cancer of the uterus, either one or both ureters compressed or obliterated by the neoplasm. This compression or obliteration causes dilatation of the ureter above, distension of the pelvis and calices of the kidney and alterations of the renal substance, which vary according to the intensity or duration of the compression; and in these cases it is not rare to find in women who die in a state of extreme anemia, a hypertrophy of the left ventricle of the heart, which has been caused by the secondary nephritis. After having studied these cases, Artaud draws the following conclusions:

1. In the course of cancer of the uterus there may be developed, from compression of the ureters, kidney lesions, of which the principal characteristics differ according to the degree and duration of the compression.

When there is but little compression, the size of the kidney is normal or slightly increased. The histological lesions consist in a nuclear infiltration about the uriniferous tubules and the

glomeruli and small arteries, a hypertrophy of the glomeruli, and a dilatation of the convoluted tubes, of which the epithelium has undergone fatty degeneration. The size of the collecting tubes is normal, or nearly so, and the epithelium unaltered.

In cases of long-continued pressure, where the ureter and pelvis of the kidney are very much dilated, the kidney becomes atrophied, and the degree of atrophy is in direct proportion to the dilatation of the ureter and pelvis. The pathological lesions consist in the passage to the fibrous state of the nuclear infiltration observed in the beginning of the disorder, and in the breaking down of the straight and collecting tubes, the epithelium of which has undergone embryonic change. The glomeruli undergo either fibrous or cystic change and the convoluted tubes present the same epithelial alterations as in the first stage.

Kidney lesions produced by compression of the ureter in the course of cancer of the uterus frequently bring on hypertrophy of the heart, which is exclusively confined to the left ventricle. This hypertrophy is rarely accompanied by interstitial nephritis. This forms another variety, hitherto but little studied, of cardiac hypertrophy coming on in the course of affections of the urinary organs. (*Gaz. Méd. de Paris.*)

SALICYLATE OF SODA IN DIARRHEA.—Dr. Calleza says, in an article on the use of salicylate of soda in fermentative diarrhea:

1. That the products of the putrefaction of the materials which pass through the digestive canal cause not only a great number of diarrheal states evidently idiopathic, but also many cases of secondary diarrhea, in which a preëxisting disease has engendered a disposition to putrefaction, which is developed under the least abnormal influences.

2. Salicylate of soda is the most efficacious agent for the prevention of putrefactive fermentation in the intestinal canal, without causing troubles of the normal metamorphosis of digestion. It should always be employed when there is a great fetor of the stools, especially if this characteristic has been noticed at the commencement of the trouble.



3. An amount varying from grs. xxx to xlv per diem, given in two or three doses, is sufficient to cause rapid cure of putrefactive diarrhœa, when it is idiopathic in the whole sense of the word.

4. In those cases which are really secondary (and they form a very small number) salicylate of soda may also be used with advantage.

5. In syphilitic and phthisical diarrheas, and in those which accompany visceral abscesses—and especially abscesses of the liver—and dysentery, salicylate of soda has given the best results. (*L'Union Med. du Canada.*)

CLUB-FOOT ; SIMPLE MEASURES FOR ITS EARLY RELIEF.—DeForest Willard, M. D., Lecturer on Orthopedic Surgery in the University of Pennsylvania (Transactions of the Medical Society of Pennsylvania), says : Simple treatment can be so readily and easily applied by every one that it should be instituted at the very hour of birth, and should be continuously employed until a cure is effected, either with or without tenotomy. Any one taking a case of moderate talipes in hand will perceive that slight traction will greatly improve its condition, and he will also note that if hand-pressure could be continuously applied the deformity would be permanently cured. As this is impossible, however, we must approximate this action as nearly as possible by instructing the mother or nurse to stretch every contracted tissue, whether fascial, muscular, or ligamentous, at least twenty times a day, and to the full limit of the child's endurance. At the same time the weakened muscles must be stimulated to activity by the use of massage, friction, electricity, etc. Intelligent manipulation is safe, easy, and effectual, and all forms of mechanical assistance must be so contrived that the considerations mentioned can be secured. After many experiments I have been able to carry out this idea in the most simple manner, without the use of rigid braces, with no danger of sloughs or excoriations, and without interfering with the normal and healthful action of the muscles. Furthermore, the apparatus acts continuously during the relaxation of sleep ; is easily removable for

massage, friction, etc. ; can be worn inside an ordinary shoe ; does not absorb urine or feces, and above all permits the mother to rectify the deformity by hand-pressure, without removal of apparatus, whenever the child is in her lap.

The cost is but a trifle, as it consists only of two strips of "printer's blanket, two-ply" (gum with cloth facing, or ordinary gum blanket will answer), two to three inches in width, and of length as required, together with a gum band such as is used for inclosing packages of papers. A shoe-maker will insert eyelets or lace-hooks in these strips in five minutes, and one is then laced upon the leg below the knee with the gum face inward, the other around the anterior part of the foot, if the case be one of varus. Between the two is stretched the gum band, the strength depending upon the age of the infant. Sizes, 0  $\frac{1}{4}$ , 00  $\frac{1}{2}$ , 000  $\frac{3}{4}$ , 00001, or five inch will answer. The advantage of girths of printer's blanket over cloth or wet sole-leather similarly prepared consists in the fact that at the temperature of the body they become slightly adhesive and do not readily slip. Should the encircling bands show this tendency, however, sheet gutta-percha softened in hot water, or "gum soling," "medium grade," can be used for cinctures, which will effectually check such turning. All of these articles can be obtained at a trifling cost by writing to the Goodyear or National Rubber Company stores in any city. The adhesive property of the gum prevents the necessity of lacing tightly, and thus interference with circulation is avoided, while frequent washing of skin and apparatus will prevent excoriation. In infants eyelets are better than projecting lace-hooks, and the gum traction band can be secured by lacing ; a slit cut in the shoe allows exit for this band, yet is very inconspicuous. The pulling power can be increased as rapidly as the strengthening advances ; and by the time that the child is able to walk it will be discovered, in moderate degrees of deformity, that tenotomy, at first thought inevitable, will be unnecessary ; and even if required in severe cases, the manipulations and stretching will have so assisted the operation that relapses will be far less frequent.

The cheapness, the effectiveness, and the simplicity of this dressing will, I think, commend it to consideration, especially for poor patients. When the individual can afford an apparatus, the same principle can be carried out by riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye, through which plays a catgut cord, attached below to the shoe opposite the heads of the metatarsals, above to an elastic webbing running up to be fastened to a button at the top of the upright. An inexpensive joint, which permits motion in every direction upon the ball-and-socket principle, is formed opposite the medio-tarsal articulation by simply paring down the sole for a half inch in front of the stirrup to the thickness of a sheet of paper. If the child is not walking, and there is consequently no danger from the introduction of dampness or dirt, the toe portion of the shoe can be made separately from the heel, being joined to it only at the sole, and there by means of a strip of soft upper-leather. Such a shoe costs but little, and fulfills most simply and perfectly the indications required, *i. e.*, the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articulations, and the stretching of the plantar fascia and contracted gastro-cnemius and soleus, should the case be one of varus.

This shoe also permits the mother to correct the deformity by hand-pressure many times daily, without removal of apparatus, and it can be taken off in the morning and evening for the institution of those most important measures, friction, electricity, shampooing, etc.

The advantage of the plan above mentioned over that of fixing the foot is self-evident, but when, through ignorance or inattention, manipulations can not or will not be carried out, some improvement can be gained each week by the repeated applications of plaster-of-Paris dressings, which shall keep pace with straightening as it advances, each one being brought into a position more normal than its predecessor. Such a dressing, unless cut open, can not be removed for the daily stretchings, but it has its application in certain cases as named above. Silicate of soda,

glue, starch, or any stiffening material will answer, but are not equal to gypsum, as the foot must be held in position during the "setting" of the material, and nothing hardens so rapidly as plaster, especially if table-salt is added to the water.

If these rigid dressings are preferred by any one to the elastic traction, the foot can also be fixed by sole-leather molded to its side, or felt, binder's board, sheet-lead, tin, etc., can be employed for the same purpose. They are all open to the objection that, although removable, they prevent any manipulations while they are *in situ*, and few poor mothers can afford a dozen times a day to take off even a simple contrivance. Moreover, they are easily rendered foul in infants, and weaken rather than develop muscular fiber.

Barwell's dressing becomes speedily soiled in young children, and even in older subjects; while fulfilling the indication of elastic tension, it absolutely forbids the more necessary one of friction, massage, etc., without which but little permanent good can be obtained, since the enfeebled muscles are the ones which most need our care and attention. Neill's talivert is also only serviceable for temporary use.

Should these means fail to overcome the deformity, subcutaneous division of the contracted tissues can be performed, followed by the use of the same measures as before mentioned. The preliminary treatment will prove to have been of immense advantage in preventing those relapses which are so common when physician and patient are impressed with the false idea that tenotomy is the principle means of cure for club-foot. The object of this paper, however, has been to discuss talipes only from the standpoint of simple and inexpensive measures for early relief.

QUEBRACHO IN DYSPNEA.—Dr. Mariani, from recent experimental and clinical studies of the action of quebracho, draws the following conclusions (*Journal de Med. de Paris*), (1) Quebracho, is a medicine whose principal effects are shown by a diminution of the number of the respirations and cardiac contractions.



(2) Its action seems to be especially concentrated on the circulatory center, on which it has a tonic action in regulating the contractions, either directly or by the intermediation of the nervous system. (3) Quebracho may be considered as the only medicine which has a manifest anti-dyspnea. It combats the dyspneic symptom alone, and without the aid of other medicines. (4) It is highly probable that the symptomatic dyspnea of acute affections of the thoracic organs may be amenable to quebracho. (Phil. Medical News.)

SOME INTERESTING CASES OF APHASIA.—Before the late meeting of the British Medical Association (British Med. Journal) the following interesting cases were reported by Dr. Gairdner: No case of this kind on record is more striking than that of the first Lord Denman, one of the ablest of the judges and statesmen of his time, the facts of which, though not medically recorded, may be read in an apparently trustworthy narrative of details in the second volume of his published life. Lord Denman had a stroke of paralysis some time before his death, which left him perfectly aphasic as regards utterance; but so far from his power of recognizing and using words being correspondingly impaired, it is said that he was in the habit of reading a great deal in several languages, and indicating most pointedly his approval and disapproval of what he read. He was as unable to write as he was to speak, and thus could not express himself in any way whatever except by gestures; but he lighted upon the plan (apparently spontaneously) of causing his daughters to copy out passages which, in reading, he had strongly approved, in the newspapers and elsewhere, and sending them in a letter to his friends to show that he was still conversant with affairs, and able to take decided views of them.

This case originated in an attack, probably, of right hemiplegia, in 1870; and there is a profusion of these automatic or quasi-automatic utterances to which I have already referred, with a great difficulty, not to say always impossibility, of referring to things and persons by name. It is difficult, for want of



time, to give many details; but the point that is of greatest interest at present is that, when he is utterly at a loss about a name, and can neither speak it spontaneously, nor apprehend it when spoken in his hearing, he is able almost invariably from the written symbol to reproduce something like the word in speaking, and then loses it again as completely as ever when the written word is withdrawn from view. Thus, when shown a pen, and when the word was repeated to him again and again, he could not get nearer it than "petste," but when shown the word *written*, he at once called it "pin." So he called a purse "poke" and "foke," and when pronounced to him, attempted something like "pats," but when the written symbol was shown him, said at once and forcibly "purse."

This man has been aphasic, with right hemiplegia, for some years; and he is so far intelligent as to have no disposition to misuse words, or to indulge in unmeaning phrases. He has been partially re-educated, although now and for some time in a stationary condition. He is perfectly good-humored, and a very fit subject for experiment in every way. We are sure that he knows the meaning and use of objects even when he can not name them; and, in particular, we are sure, from his playing at dominoes, working with coins, etc., that he perfectly understands the real significance of numbers. This being so, it is to be observed that he is utterly helpless when asked to name the numbers on a domino, and equally so when a number is named to him, and he is asked to single it out from a lot of dominoes spread out before him. But he has no difficulty at all in counting on his fingers the number of any domino, or of showing a domino corresponding to any number so displayed to him. In this respect, he resembles perhaps the majority of aphasics; but the peculiarity in his case is that, while he can not realize the number for the spoken word, nor yet from the written symbol, so long as the symbol is a word, he can easily, and apparently with perfect accuracy and intelligence, translate the Arabic symbol into the corresponding number on the domino, and *vice versa*. The word, and the word only representing a number, is a nearly

absolute barrier to him in both directions ; he is equally word-blind, word-deaf, and aphasic. But he is not in the least in a difficulty about reading or writting a number, provided only the Arabic symbol and not the word is made the medium of communication.

Dr. Broadbent reported the following case: This was that of a man who could converse fluently and intelligently without mistakes of any kind; but, if an object were held up, and he were asked to name it, he failed absolutely. He could not name such familiar objects as a coat and hat; but if it were said of a hat "That is a coat, is it not?" he would answer at once, "No; but that is," pointing out the hat. He could write either out of his own head or from dictation, but when he had written it he could not read it. It was clear that the word-blindness was only a part of the general loss of the power of naming objects at sight. The explanation of such a case was, that the part from the visual-perception center to the naming center was destroyed; and it was interesting to remark that the lesion found after death implicated the left angular gyrus, insulating it from all other parts.

CANCER OF THE RECTUM; SCRAPING WITH SIMON'S SPOON; RELIEF FOR THIRTEEN MONTHS.—Dr. J. Crawford Renton reports (Glasgow Medical Journal) the case of a man, aged forty, who had been suffering for six months from pain in the lower bowel, accompanied at times by considerable bleeding. On examination, the rectum was found filled with irregular, hard masses, which passed for four inches up the bowel, commencing immediately above the anus; behind the urethra they were very extensive and closely attached to it, so that, anteriorly, it was difficult to separate them, they bled easily, and were evidently villous in character. Owing to their urethral attachment, he decided to operate by scraping the surface of the new growth, and not excising the rectum. He therefore scraped away a large number of the masses with the spoon. The urethra was closely involved with them, so that it would have been hazardous to its

safety to have removed the rectum. The amount of bleeding was less than he expected, and was easily controlled by finely powdered matico. Chloride of zinc was freely applied to the raw surfaces previous to the introduction of the matico on lint. In forty-eight hours the lint was removed and the rectum washed out with weak Condy's fluid and water; and the following day the patient had a movement of the bowels without any trace of bleeding, the first time for four months that it and pain had been absent. He progressed favorably, and was sent home in a fortnight from the time of operation, and was ordered to take Chian turpentine internally. Since then he has continued free from pain and hemorrhage, and as a consequence looks much stronger. The bowel, when examined early in January of this year, showed that whatever growth had taken place had been slight. The patient declared that he felt great benefit from the Chian turpentine. The great success attending the late Prof. Simon's operations on the womb in cancer led him to adopt a similar treatment in the above case; and he thinks that although we can not expect any permanent benefit from it, if we can arrest hemorrhage and relieve pain for a few months by means of it we are entitled to do so. The masses removed were carefully examined and showed appearances characteristic of scirrhus. (Medical News.)

REMOVAL OF HYDATID TUMOR FROM UNDER SURFACE OF LIVER DURING PREGNANCY.—Mr. F. C. Batchelor reports the following case: Woman, aged 34; five children. About a year ago she began to suffer from severe pains in the right side, about the region of the liver. Three months later she consulted the reporter, who found a hard, irregular, solid-feeling tumor, about the size of a kidney, deep in the right lumbar region; it was movable, and could be dragged into the middle line, but returned on discontinuing traction. It descended somewhat on inspiration, and was covered in front by the colon. According to the patient's account it was increasing rapidly in size. It was painful to the touch, and there were aching, shooting pains

through it which kept the patient from sleep at night. Menstruation had been missed for three periods. Careful vaginal examination revealed a retroverted uterus, thought to be in the third month of pregnancy. From the history of the tumor, its hard, irregular feel, and the loss of flesh, and pain, the diagnosis seemed to rest between a cancerous growth and a caseous gland. From its increasing size, it was determined not to delay operative measures on account of pregnancy. The abdomen was opened under Listerian precautions. The tumor was found to be an extremely thick-walled, irregular hydatid cyst growing out from the under surface of the liver. The cyst was drawn through the incision, and laid freely open, the delicate lining membrane removed, and the sac well sponged out with a 1-in-20 carbolic solution. The cyst was separated from the adherent omentum with the finger-nail, and finally cut off level with the liver-substance. There was no bleeding of consequence. The wound healed by first intention, and only required one dressing. There was no constitutional disturbance whatever, and the patient was able to leave her bed in less than a fortnight. Pregnancy ran its natural course, and she was safely delivered. (*Australian Med. Journal.*)

PITYRIASIS.—Malassez adopts the following :

Cocoa butter, . . . . .	} aa 20 grams ;
Castor oil, . . . . .	
Almond oil, . . . . .	
Turpeth mineral, . . . . .	
	50 centigrams.

Morning and night anoint the scalp; three times a week use soap. During the first few days of treatment a considerable loss of hair will occur, which would later have fallen out spontaneously. In addition, thorough shaving, or, at least, keeping the hair short and brushing the head briskly to remove all the scurf and expose the parasites to view.

Pincus, speaking of alopecia pityrodes, remarks that arsenic, veratria, cantharidin, carbonate of potassa, etc., are useless. The irritation of the piliferous bulb, and of the elements which sur-



round it, injures the hair and prevents their return. Tannin (gm. 4 to lard 30), and, still better, savin (oil of savin, 30 drops, to lard, gm. 30), are excellent remedies, especially in the first stages of the disease. (Journal of Cutan. and Ven. Diseases.)

THE APHTHOUS VULVITIS OF CHILDREN.—(1) Aphthous vulvitis is a well-characterized disease. It is peculiar to little girls from two to five years of age. Rare in private practice; it is observed especially in hospitals. (2) Measles is the principal cause of this affection. It furnishes two thirds of the cases. (3) Gangrene of the vulva has most frequently for its point of departure aphthous vulvitis. (4) The prognosis, which was unfavorable before the employment of the iodoform treatment, has become quite favorable since the introduction of this agent as a topical application. (5) The treatment consists in sprinkling the affected parts with iodoform powder, and keeping them separated with pledgets of lint. The internal administration of tonics is a useful adjuvant of local treatment. (*Ibid.*)

ADONIS VERNALIS AS A HEART-TONIC AND DIURETIC.—This plant has been for a long time in use in Southern Russia as a popular remedy in the treatment of dropsy, but has not hitherto been submitted to scientific investigations made with a view to determine its physiological and therapeutical action. Professor Botkin has recently employed it extensively in his clinic at St. Petersburg, and Dr. Bubnoff presents a report of the results obtained. (*Allgemeine Medicinische Central-Zeitung.*) It was found to be of value in those cases of dropsy only in which there was pre-existing cardiac disease. After the administration of adonis vernalis the heart-beats were much strengthened, the size of the organ was diminished, and its tones were much louder. The systolic murmur of aortic stenosis especially was intensified. The heart's rhythm became more regular, and the pulse slower and fuller. The daily excretion of urine was increased largely, sometimes rising from ten or twelve ounces to eighty or ninety ounces in the twenty-four hours. In cases in



which there was no actual lesion of the kidneys the albumen and casts disappeared. The subsidence of edema went hand-in-hand with the increase in the amount of urine excreted, and at the same time the secondary symptoms depending upon edema of various organs disappeared. The patients expressed themselves as feeling much better. The remedy was given in an infusion of the strength of one dram to six ounces, to which two drops of oil of peppermint were added. The dose of this infusion was a tablespoonful every two hours. (Medical Record.)

CASE OF NEURO-FIBROMATOSIS.—Dr. J. W. Barrett exhibited a patient to the Medical Society of Victoria on June 6th. The patient is a sailor, who has noticed tumors growing for the last two years in almost every part of his body. None of them is larger than a walnut, and they are painless except when injured. Of late he has had several epileptiform fits.

The tumors can now be felt on almost every nerve of his body that can be examined with the finger, and vary in size from that of a walnut to that of a pin's head. They number thousands, and can not be counted accurately.

The nerves obviously affected are the median, ulnar, musculo-spiral, radial, posterior inter-osseous, internal cutaneous, intercostals, posterior spinals, spinal accessory, lumbar, saphenous, femoral cutaneous, external and internal popliteal, and musculo-cutaneous nerves, together with a few of the branches of the superficial cervical plexus. (Australian Medical Journal.)

NEPHRECTOMY.—The second nephrectomy in Naples and the sixth in Italy was performed by Dr. D'Antona on June 10th for hydro-nephrosis. The field of operation was first washed over with a five-per-cent solution of carbolic acid. The abdomen was then opened in the middle line by an incision 4.8 inches long. When the peritoneum was opened, the descending colon was found fixed, a little to the left, by two folds of the mesocolon, which covered the tumor in front and behind. The tumor was then exposed, and a trocar plunged in, a large quantity of

thin, serous pus, mixed with a turbid, urinous liquid, flowing out. The tumor was found to consist of four sacs containing this liquid. The sacs were separated from their connections with the surrounding tissues, the ureter and renal vessels ligated, and the kidney removed. A large drainage-tube was inserted through an incision about one inch long in the lumbar region. The abdominal wound was then closed by eight deep and four superficial sutures. The operation lasted one hour. The temperature did not rise above  $100.4^{\circ}$  (on the first day). The discharge from the drainage-tube was never great, and consisted principally of a bloody fluid. Some sutures were removed on the seventh day, and the remainder on the ninth. The patient was discharged on July 1st, well. Microscopic examination of the fluid showed pus and mucous corpuscles almost entirely in a state of fatty degeneration, a few blood-globules, groups of cholesterine crystals, no renal cylinders, and uric and oxalic acid crystals. (*Gaz. degli Ospitali.*)

IODOFORM.—Dr. Hofmakl, at the conclusion of a paper on the surgical uses of iodoform (*Medizin. Jahrbücher*) draws the following conclusions:

1. Iodoform is an excellent disinfectant, and, as a rule, is a painless application to wounds.
2. On account of its slight solubility, it is of little value in complicated wounds of cavities.
3. It does not prevent the occasional outbreak of erysipelas.
4. It is not a specific against scrofulous or tuberculous processes, and develops its healing properties most notably in ulcerous processes.
5. By keeping wounds fresh and clean, it furthers granulation, though it has but little influence on the final cicatrization of the wound.
6. Very thin layers of powdered iodoform do not hinder union by first intention.
7. In pharyngeal and laryngeal diphtheria of children, iodoform does not give much better results than other antiseptics.

8. In wounds and ulcers of the mouth, rectum, and vagina, as well as in open, easily accessible wounds in the cavities of bones, iodoform in the form of a thirty to fifty-per-cent iodoform gauze is an excellent antiseptic dressing.

9. Parenchymatous injections of iodoform generally cause a great deal of pain, and it can not be said that they give very excellent results in fungous diseases of joints and glandular swellings.

10. Iodoform ointments and plasters are often of good service in parenchymatous goitres and chronic swellings of glands, joints, and tendons.

11. Iodoform in large quantities is undoubtedly dangerous, and is more productive of good results and less hurtful in small doses.

12. Childhood is not a contra-indication for the use of iodoform.

13. The preliminary cleansing of fresh wounds with weak carbolized water before using the iodoform dressing is of no advantage, so far as Hofmaki's experience goes.

14. The healing of scrofulous and tuberculous sores by iodoform does not prevent their return.

15. Iodoform is an excellent means for the thorough removal of disagreeable odors of neoplasm which do not admit of operation.

16. The occasional syringing of suppurating cavities with small quantities of iodoform emulsion will often have a favorable action on the quality and quantity of the pus.

17. The introduction of iodoform bougies into the urethra and bladder will often alleviate pain, as also in vesical tenesmus and suppurative conditions of the bladder, and will exert a favorable influence on those conditions of the urine in which rapid decomposition takes place.

18. The application of iodoform bougies to long fistulæ of the soft parts is more hurtful than useful, as the fistulæ are only stopped up, and the products of decomposition are not discharged. Equally unwise is the filling up of the mouth of a

fistula with dry powdered iodoform. (The American Journal of the Medical Sciences.)

TREATMENT OF FISTULA IN ANO.—Dr. Poingt claims (*Le Courrier Médical*) that any fistula amenable to treatment by the elastic ligature may be cured by simple drainage of the fistulous tract. The drainage-tube is inserted by means of a stylet passed up the tract from the external opening. At the end of two or three weeks the drainage-tube falls out, after having destroyed the superficial wall of the fistula. A granulating surface of small extent is left, which rapidly heals by cicatrization. The procedure is wholly painless, and the patient may pursue his ordinary avocations during the entire course of the treatment. The operation is never followed by any of those serious complications sometimes seen after the cutting operation. (Medical Record.)

TREATMENT OF PSEUDARTHROSIS OF THE TIBIA.—Dr. F. Guermontez relates, in the *Bulletin Général de Thérapeutique*, a case of ununited fracture of the tibia cured by means of successive slight irritations of the opposing surfaces of bone, occasioned by the moderate use of the member. He concludes that, in cases of this kind, walking within appropriate limits is not injurious, and may even be conducive to a cure. The limb is to be steadied during use by means of stiff, well-fitting splints, closely bandaged to the parts. (Medical Record.)

TOTAL EXTIRPATION OF THE UTERUS THROUGH THE VAGINA.—Dr. Luigi Guala performed this operation on September 6th on a woman, aged about forty-six years, on account of carcinoma. On the fourth day the patient was doing well. (Medical News.)

## Notes and Queries.

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THE SANITARY COUNCIL OF KENTUCKY.—The second semi-annual session of the State Sanitary Council was held at Glasgow, on Tuesday, October 2d, with a fair attendance of physicians from Barren and the adjoining counties, and some from distant parts of the State. In the absence of the President, Dr. J. A. Dixon, of Burksville, Dr. R. H. Grinstead, of Glasgow, was called to the chair. Dr. J. N. McCormack, of Bowling Green, Secretary of the State Board of Health, was elected Permanent Secretary. Prof. Elrod delivered an address of welcome, which was responded to, on the part of the Council, by Dr. J. W. Holland.

Dr. Grinstead, Health Officer of Glasgow, read the first paper, on The Adulteration of Drugs, and was followed by Dr. J. S. Leach, of Glasgow, on The Management and Prevention of Smallpox. Both of these papers elicited interesting discussion, each speaker being limited to five minutes.

Dr. J. W. Holland, of Louisville, presented an elaborate paper on The Cause and Prevention of Cholera Epidemics, citing the history of the disease in many towns and cities of Kentucky in 1873 in support of the commonly-accepted view that the disease is miasmatic-contagious in character, and is to be combated by cleanliness, isolation, and the thorough disinfection of the alvine discharges, and every thing with which they come in contact. The discussion of this paper closed the day session.

A large and attentive audience attended the evening session. Dr. R. M. Alexander, of Burksville, read a carefully-prepared paper on The Reasons for Sanitary Legislation, and was followed by Dr. Pinckney Thompson, of Henderson, with an excellent practical paper on Domestic Hygiene; a paper on The



Reciprocal Relations of the People to the State Board of Health, by Prof. L. Eddy, of Danville, was read by Dr. Holland; Dr. McCormack made a plea for the teaching of hygiene in our schools, and Prof. A. W. Mell, of Glasgow, closed the work of the Council with a brief address on School Hygiene. All the papers were short and pointed, and received the closest attention on the part of the large mixed audience.

The Council is an innovation in Kentucky, and its originators are very hopeful of good results from it. It is purely an advisory educational association, and is open to every citizen of the State who is interested in the question of public health. The initial meeting in Louisville was held under the auspices of the State Board of Health, but the intention is to keep the two organizations entirely distinct. The experience at Glasgow shows that more time was needed for the work of the Council, and the programme for the next meeting will be arranged for two days. The next session will be held at Bardstown, on the first Tuesday in April, 1884.

THE TRI-STATES MEDICAL SOCIETY.—Two years ago this active organization, not even now in its teens, added the States of Missouri and Ohio to its original number of stars, and at its recent meeting at Indianapolis laid hands on the remaining sovereignties of the Mississippi Valley. Until further notice it will be known as the Medical Society of the said territory, to wit, the Mississippi Valley. How long before the "whole boundless continent" will remain unoccupied by the M. S. of the M. V. is to be seen. The officers elect are: President, Dr. B. N. Griffiths, Springfield, Ill.; Vice-Presidents, Dr. C. G. Comegys, Cincinnati, Dr. J. M. Mathews, Louisville, and Dr. J. E. Link, Terre Haute; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Treasurer, Dr. F. W. Beard, Vincennes, Ind.; Chairman of Committee of Arrangements, Dr. F. L. Mathews, Springfield, Ill.; Chairman of Committee on Programme, Dr. C. P. Pearson, Indianapolis. The next meeting of the Society will be held at Springfield, Ill., at a time fixed by the president.

KAIRIN.—A short account of the discovery of this drug by Dr. Fischer, and its use in medicine by Dr. Filehne, was given in this journal last year. The action of kairin begins about half an hour after being ingested, the fall in temperature being more abrupt the larger the dose. In every case the fall in temperature is accompanied by free perspiration, which continues only while the temperature is falling; as soon as the lowest point has been reached, which occurs after from two to four doses, diaphoresis ceases, and the temperature remains constant so long as one chooses to give kairin. During the diaphoresis, as well as after it, the patients are much relieved, especially those suffering from acute pneumonia; in this disease not only is the temperature reduced, but the pulse and respirations are made much less frequent; the pulse is strengthened, and the pleuritic pain lessened, by this drug. As soon as it is omitted for two or three hours, according to the size of the last dose, the symptoms return as before, the temperature rises to the height characteristic of the disease, and is accompanied by a chill.

In a later article Dr. Filehne says that kairin has been found of great value in a variety of chronic and acute diseases. In special cases, however, its application requires that the temperature be minutely observed during the first day. The following scheme of using kairin with adults has been worked out by him. In the first instance kairin is administered in separate doses of 0.25 gram each, taken in wafers, and an ample quantity of water drunk after them. It is advisable to commence with of 0.5 gram per hour on the first day, and to give these say four times successively, but no longer than until the temperature has reached 38° C. (about 100° F.). The temperature has to be observed once every two hours, or if possible every hour, during the first day; later on this is not necessary with the same individual. When the temperature has been lowered by the above doses to about 38° C. only 0.25 gram is given per hour, and this is continued until the temperature is rising perceptibly, when the former dose of 0.5 gram should once more be administered. A dose of 0.5 gram has to be given at once

if the patient feels the least chilliness. Should it be that 0.5 gram per hour have not had the desired antipyretic effect after four administrations, doses of one gram are given two, three, or four times at intervals of an hour. When, on the other hand, the action of 0.5 gram per hour was perceptible after four hours, without proving sufficient, 0.75 gram is given about four times at intervals of an hour. The doses of one or 0.75 gram per hour are stopped when a temperature of  $38^{\circ}$  C. is reached, keeping a reserve dose of 1.00 or 0.75 gram respectively in readiness, which is to be taken at once should the patient feel the least chilliness. When the temperature has again risen the administration is started anew.

Since the organism neither gets accustomed to the medication nor shows a cumulative effect from kairin, a careful day's experimenting in the way indicated suffices, and the dosing thus standardized on the first day may afterward be adhered to. When the weight of the body or the condition of nourishment is excessively low, and in cases of hectic fever, smaller doses have often to be tried first. In intermittent fever the temperature may be lowered, but very large and frequent doses are required to keep it down, and they may give rise to unpleasant symptoms. It may be used subcutaneously, but not too often in the same locality.

On the other hand, Seifert did not find its action so good in all cases. In two cases of severe pneumonia, doses of 0.75 gram every two hours effected no change in the temperature or pulse; in both it caused vomiting. In another case the temperature was reduced, but the patient became collapsed, and died.

The writer has given the drug to a few children and observed no unpleasant symptoms. In one child, three years old, 0.2 gram every hour for five hours was without effect on the temperature, which was taken hourly; 0.2, 0.3, 0.4, gram at intervals of an hour brought down the temperature from  $40^{\circ}$  C. to  $38^{\circ}$  C. ( $104^{\circ}$  F. to  $100.3^{\circ}$  F.). In a child of eighteen months four hourly doses of 0.2 gram changed the temperature from  $40.7^{\circ}$  C. to  $39^{\circ}$  C. ( $105.1^{\circ}$  F. to  $102.1^{\circ}$  F.), and again, in the same case,

0.3, 0.4, 0.5 gram at intervals of an hour brought the temperature from  $38.9^{\circ}$  C. to  $37^{\circ}$  C. ( $102^{\circ}$  F. to  $98.6^{\circ}$  F.)

A very limited experience with adults suggests that the drug will be found to have too many disadvantages, or, rather, inconveniences to ever become very popular, although as the forerunner of a more perfect antipyretic, which we may look for in the near future, it is of interest. (Boston Medical and Surgical Journal.)

TESTIS IN PERINEO.—Dr. R. L. Macdonnell, in Canada Medical Record, August, 1883, relates a case. The patient is fifteen years old. The left testicle has rested in the perineum from the time of his birth. It is situated slightly to the left of the ano-scrotal raphe, rather nearer the anus than the scrotum. The organ is well developed, and freely movable. It can be put into its proper place, but can not be retained there. The scrotum is not so well developed on the left side as upon the right. There is left inguinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has, as yet, caused him no inconvenience.

STATE OF THE GUMS IN PREGNANCY.—M. Delestre has observed that not only in pregnancy, but during the menstrual periods, the gums in the female are congested, swollen, and softened. The gingival troubles commence about the second month of pregnancy. Didsbury describes three degrees of gingivitis of pregnancy. In the third, the gums are so inflamed that they have a reddish-violet color, are swollen, and the interdental portions are clearly shown. The tartar and epithelial *débris* accumulate around the teeth. The inflammation may extend to the alveolo-dental periosteum, for the teeth seemed to lose their lime, become elevated, and may fall out. This gingivitis is situated particularly in the anterior portion of the jaws; it rarely goes back of the canine teeth. Only the convex sur-

face of the jaws is attacked. The treatment should be energetic; the tartar should be removed and the inflammation treated by astringent preparations, chlorate of potash, etc., and in grave cases with tincture of iodine, chromic acid, and hydrate of chloral mixed with some astringent tincture. (*Journal de Méd. de Paris.*)

THE ERYSIPELAS GERM.—At the recent congress of German surgeons, Fehleisen demonstrated (Annual of Anatomy and Surgery) the micrococci of erysipelas. A patient had been inoculated forty-five hours previously, and when shown displayed a typical erysipelas. The micrococci which had been implanted were the product of more than thirty generations, cultivated on gelatine, and could be considered entirely free from extraneous matter or germs. Of eight thus inoculated, only one failed to show typical results. The last trial in April was just as successful as the first during the previous August, and with the same culture. The one person on whom the experiment failed had suffered from an idiopathic attack but a short time before. (Medical Chronicle.)

HOMEOPATHY IN ENGLAND.—A homeopathic directory has recently been published in Great Britain. According to its pages there are two hundred and sixty practitioners of this class in Great Britain and Ireland, four only being in the latter country. As there are nineteen thousand nine hundred and forty-seven regular physicians, the ratio of homeopaths to regulars is, for England and Wales, one to sixty-four; for Scotland, one to one hundred and seventy; and for Ireland, one to six hundred and nine. Most of the homeopaths are in large towns; thus London has eighty-five, and Liverpool eleven. The contrast between the condition of things, as shown above, in England and in this country appears to be considerable. It is claimed that there are about six thousand homeopaths, so called, in the United States, giving a ratio to regular practitioners of about one to ten. (Canada Medical Record.)



PLASTER-OF-PARIS PESSARIES.—Dr. B. F. Dawson states that he has made use of plaster-of-Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus. (*New York Medical Journal*.) The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster-of-Paris and water of about the consistence of gum, and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have been benefited by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness and accuracy of adaptation. (*Medical Record*.)

GUACHAMACA.—Dr. Carl Sachs brought this plant from Venezuela to Europe, and prepared an extract from it. Its action is similar to that of curare. Besides, it has the power of producing sleep; but this effect makes its appearance very late. In one instance, in Prof. Frerich's clinic, after the injection subcutaneously of eleven milligrams the patient fell asleep three quarters of an hour after the administration of the extract.

The hypnotic effect continued for fully three hours, without any change in the circulation or respiration. (*Monatschrift f. Deut.-Amer. Aerzte.*)

*Dr. D. W. Vandell:*

In his report on Surgery, published in the May number of your journal, Dr. W. M. Fuqua remarks, on page 283: "Hunter McGuire, in 1873, was the first American surgeon who recommended the abdominal section in gunshot wounds of the abdomen." Dr. Fuqua has evidently overlooked the fact that on page 86 of Circular No. 3 (A Report on Surgical Cases treated in the Army of the United States from 1865 to 1871, Government Printing Office, 1871), this operation had been commended by the late lamented Dr. George A. Otis, Surgeon U. S. A.: "The wounds of the abdomen and pelvis include some remarkable examples of recovery from accidents of the gravest nature, but the general mortality is so very large as to furnish an additional argument in behalf of M. Legouest's proposition to incise the abdominal walls and explore the track of the projectile in certain gunshot penetrating or perforating wounds of that cavity. Thus only, in many cases, can the patient exchange the probability of inevitable death for the possibility of recovery, either through the prevention of extravasation by enterorrhaphy, or the bringing of the wounded viscus in apposition with the abdominal walls. For one, I am free to assert that where there is evidence that internal hemorrhage or fecal extravasation is going on, what may be termed the 'ostrich plan' of giving opium and 'making the patient comfortable' should be abandoned."

If you have not a copy of Circular 3, it would give me pleasure to forward you one.

Very truly yours, D. L. HUNTINGTON,

*Surgeon U. S. A., in charge Surg'l Div. S. G. O.*

WASHINGTON, August 29, 1883.

AUSCULTATION.—Dr. D. Drummond (*British Medical Journal*) finds auscultation of the trachea by means of a stethoscope, with the chest-piece inserted into the mouth of the patient, use-

ful in the diagnosis of tracheal compression, particularly when produced by aortic aneurism, in which case a systolic whiff is heard with each expiration. Auscultatory percussion practiced on this plan gives valuable indications in pulmonary disease. Thus in incipient phthisis a peculiar note is obtained, closely resembling "cracked-pot" resonance; in pleurisy a very short, high-pitched note is produced, very different from the low-pitched, more prolonged, and much louder tone heard if pneumonic consolidation exists. (Weekly Medical Record.)

ALOPECIA PREMATURA. — The Edinburgh Medical Journal reproduces from the *Berliner klinische Wochenschrift* the following note: O. Lassar has continued his observations on the nature of premature baldness, and has further convinced himself of the communicability of at least the form associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or white mice, baldness rapidly makes itself visible on the parts so treated. That this is not due to the vaseline, was shown by anointing other animals with the vaseline alone, which produced no effect whatever. He considers that the disease is spread by hair-dressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles every time they are used. During frequent visits to the hair-dresser's it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hair-dresser more frequently attends to them at their own homes, and there uses *their* combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home, and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen min-

utes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two-per-cent corrosive-sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one-half-per-cent solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent of carbolic or salicylic oil is to be used to the head. This treatment has now, in many cases, brought the disease not only to a stand, but the hair has been to a considerable extent restored.

THE ORIGIN OF THE CROONIAN LECTURES.—The Croonian lecture was founded by Lady Sadlier, in fulfillment of a plan of her former husband, Dr. Croone, one of the founders and the first registrar of the Royal Society. By her will, made in 1701, she devised "one fifth of the clear rent of the King's Head Tavern, in or near Old Fish Street, London, at the corner of Lambeth Hill, to be vested in the Royal Society for the support of a lecture and illustrative experiment on local motion." For many years past there has been no formal delivery of the lecture. The council of the Royal Society select from the papers presented to them during the preceding twelve months that one dealing with animal motion which they think most noteworthy, and publish it as the Croonian lecture, sending to the author the sum derived from Lady Sadlier's bequest. The amount of money is trivial, but the appointment as Croonian lecturer is a highly-prized distinction. The paper by Professor Martin, which is to be printed as the Croonian lecture for 1883, is on the Effect of Changes of Temperature on the Beat of the Heart. It is interesting to note that the first Croonian lecture, delivered by Dr. Stuart in 1738, was on the Motion of the Heart. (*Boston Med. and Surg. Jour.*)

LEMON-JUICE AND OYSTERS.—Many popular usages in ordinary life have been adopted either by instinct or from empirical notions, and thus it is a common practice to use lemon-juice with raw oysters. It appears, however, from the researches of M. Certes, a distinguished microscopist and biologist, that this

practice is not only a matter of taste, but that it has its utility, as lemon-juice has the property of destroying the animalcules which infest the stomachs of oysters. The moral to be drawn from this is that oysters must be cooked, or, if eaten raw, should be accompanied by lemon-juice to avoid the possible evil consequences of parasiticism. (Lancet.)

It is reported that Dr. Jakimovicz, of Jarvszinka, in the government of Kiew, Russia, has just died at the age of one hundred and six, and that he was able until nearly the close of his life to superintend the carrying on of an extensive practice.

WHEN you examine the hand of a patient, and find on it the evidences of palmar psoriasis, be that hand the jeweled and perfumed one of a queen or the dirty paw of a beggar, it is the hand of a syphilitic. (Hebra.)

It is said that in former times the heavy drinkers of England had the custom of drinking a glass of oil at the beginning of a meal. Thus they prevented the rapid absorption of alcohol by the stomach, and so avoided drunkenness. (Lancet and Clinic.)

PROFESSOR H. C. WOOD has retired from the chief editorship of the Philadelphia Medical Times, which journal will hereafter be edited by Dr. Frank Woodbury.

THE first edition of a German translation of Prof. Da Costa's excellent and well-known work on Medical Diagnosis has been exhausted in less than nine months after its publication.

INHALATIONS of steam in diphtheria, containing oil of eucalyptus, generated from the leaves, are highly recommended by a writer in the Lancet. Thirty-seven recoveries are reported.

CANNABIS INDICA, in doses of five minims of the tincture every three hours, is recommended in menorrhagia.



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# THE AMERICAN PRACTITIONER

NOVEMBER, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—*RUSKIN.*

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## Original Communications.

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### DISPLACEMENT OF THE LEFT OVARY—BATTEY'S OPERATION—DEATH.\*

BY JOSEPH IUTZI.

In the early part of November, 1881, I was called upon to treat Mrs. P., aged thirty-five years; American by birth; occupation, laundress. She was the mother of two children, aged respectively six and eleven years. Had been suffering more or less for about a year previous to my first visit. She confessed that she had been guilty of producing an abortion upon herself, and attributed her illness to that cause. She was pale, and bore upon her countenance the impress of prolonged and intense suffering. All her sufferings were greatly increased during her menstrual periods. There were tender points over the spinous processes in the dorsal and lumbar regions, and also over the sacrum. She complained of excessive dragging pains in both iliac regions, and of almost constant pain in the left side. She was troubled with leucorrhea, which, however, was slight in amount. Her menstrual flow was regular as to time, but never

\*Read at the meeting of the Tri-States Medical Association.

excessive as to quantity. From the above symptoms I suspected some uterine disease or displacement.

I put the patient upon a tonic and anodyne treatment until the more painful symptoms had subsided, when I made an attempt to examine the pelvic viscera, but upon introducing the finger into the vagina I found such a degree of hyperesthesia and vaginismus as to preclude any intelligent search for uterus or ovaries. I next introduced a Nott's tri-valve speculum, but upon dilating it, the vagina so pressed into the inter-spaces between the blades as to prevent a view of the os uteri. An attempt was now made to introduce a cylindrical speculum, but the most careful manipulation produced such an intensity of suffering as to cause me to desist from any further attempt to examine the womb for the time being. Prescribed vaginal suppositories of belladonna and morphia to relieve the vaginal hyperesthesia, without producing the desired result. The patient's general condition improved during the spring and summer of 1882, but the hyperesthesia of the genital tract continued. For this I now prescribed one part of iodoform to four parts of vaseline to be put into rectal capsules, one to be introduced into the vagina three or four times a day. Under this treatment the trouble yielded to a very material extent. This enabled me to introduce a tri-valve speculum and dilate it so that I could make a tolerable examination of the womb, which appeared to be in a fairly healthy condition and in its normal position. On a subsequent examination the speculum gave intense pain when it was fully introduced, the patient saying that it hurt her very much when it struck a particular spot. This led me to seek for the cause of the pain, but I did not meet with success, suspecting, however, that it was a prolapsed ovary. I should have said in its proper place that upon two occasions during the winter of 1882 and 1883 the patient had a vicarious hemorrhage from the lungs at the menstrual period. This hemorrhage would last about three days, when it gradually diminished as the normal flow commenced. I invited Dr. Kersey, of Richmond, to see the case with me. We ex-

amined her in the erect position and readily detected a small tumor just behind the cervix. Pressure upon the tumor produced a peculiar sickening pain. Its shape, size, consistence, and position, taken in connection with the above detailed history, left no doubt that we were dealing with a displaced ovary. I put the patient in the knee and breast position, pushed up the ovary, and placed a small bundle of cotton saturated with glycerine behind the cervix. This gave comparative relief for about twelve hours, when the pain returned as severe as ever. This device was repeated several times with poor success. I now replaced the ovary, introduced the cotton as before, and held it in place with a soft rubber air disk pessary. This answered my object very well until the bowels were moved, when the pain became most excruciating. It is probable that when the bowels were moved, the ovary slipped down behind the mechanical appliance, and was wedged in between it and the sacrum. During the removal of the pessary the patient fainted away. It seemed to me that the mechanical treatment did more harm than good. It was therefore discontinued; but as the patient's life was a burden to her, and her suffering most distressing to witness, I proposed that she have her ovaries removed.

Dr. Weist, of Richmond, was invited to see the woman with me, and after a due consideration of her past and present condition, he agreed with me that this was the only resort which promised benefit. After fairly presenting to the patient the dangers and benefits of the operation, she consented to have it performed. Consequently, on March 9, 1883, Battey's operation, by the abdominal incision, was performed by Dr. Weist, and both ovaries and the left Fallopian tube removed.

The right ovary was healthy, but the left was inflamed, enlarged to twice the normal size, prolapsed and adherent to the Fallopian tube. Peritonitis set in on the following day and increased in intensity until the patient died, on the third day after the operation. No post-mortem examination was made.

Displacement of the ovaries occurs in various directions. The most frequent is that into Douglas's cul-de-sac. Other varieties

are rather rare. Sometimes the displacement is in the course of the inguinal canal, being found even in the labia. Kiwisch reported a case where the ovary formed part of a hernia through the foramen ovale. Again, it has been found displaced under the crural arch, through the ischiatic notch, and, remarkable as it may seem, in one instance it formed a part of the contents of an umbilical hernia (Deneux, according to Lawson Tait).

Lawson Tait\* speaks as follows upon this subject: "There can be no doubt that by far the larger number of these cases arise in a condition which is practically that of sub-involution, and in two anatomical facts we have a complete explanation of this result. Turning to Henning's table (p. 4), it will be found that the ovary of the puerperal woman is extremely large, indeed, nearly twice as large as it is at any other time. It is also extremely remarkable that the left ovary is increased in the puerperal woman to a much greater degree than is the right, a circumstance which I have no doubt is fully explained by the want of a valve in the left spermatic vein. As the ovaries rise in the abdomen with the pregnant uterus, their ligaments, their tubes, and every thing connected with them rises in proportionate degree. It is not, therefore, to be wondered at that any incident which interferes with subinvolution of the uterus after parturition should also affect the ovary. One of the most common results of subinvolution of the uterus is retroflexion, and therefore it is that we have a large number of cases of dislocation of the ovary downward associated with this displacement, and my experience is entirely in accord with that of Professor Goodell, when he says that if we find a dislocated ovary, it is almost sure to be the left. It is therefore practically a subinvolution of the ovary with which we have to deal; and as in the uterus we have hyperemia of the organ gradually passing into chronic metritis, so we have a similar process occurring in the ovary, and in several remarkable cases, in which I have been obliged to remove the ovaries on account of extreme suffering, I have found the organs in a condition of chronic inflammation and

\*Diseases of the Ovaries.



greatly enlarged, associated with chronic fundal metritis, and enlargement of the whole body of the uterus. In these cases, intractable menorrhagia has been a leading symptom, and the monthly engorgement involved by the process of menstruation leads of necessity to an increase of the symptoms and an exaggeration of the pathological condition." It is consequently any thing that causes increased weight of, or traction upon, the ovary that causes its displacement. It may be found in the virgin, but it usually occurs in women who have borne children. The march of the disease is usually as follows: A woman who has recently been confined convalesces slowly, menstruates soon after confinement, often profusely and with great pain; suffers considerably when at stool, or when she walks or makes any unusual exertion. Sexual intercourse is, often excessively painful, so much so as even to make it impossible to the woman. The profuse and oft-recurring menstruation soon impairs her health, makes her anemic, sets up a train of reflex nervous symptoms that will make her life a burden. Prolapse is so frequently found in connection with retroversion or retroflexion of the uterus, that we might easily mistake the former condition for the latter. The diagnosis ought not to present any great difficulties. The direction of the uterine probe, the absence of the body of the uterus from the hypogastric region, and the continuity of the tumor with cervix uteri ought to enable us to distinguish between the two organs. Then again pressure upon a diseased ovary produces a peculiar sickening pain and often aggravates the reflex nervous symptoms. Pain during the act of defecation as well as upon locomotion is a frequent symptom of a displaced ovary. All the symptoms are apt to be greatly aggravated about the menstrual period.

The indications in the treatment of these cases are to return the displaced ovary to its proper place, and to keep it there. In order to do this properly, it is often necessary to first correct the congestion or inflammation of the pelvic organs and to improve the general health. Sometimes, however, both uterus and ovaries have formed abnormal adhesions, when, as a matter

of course, any mechanical appliances are contra-indicated, or should, at least, be used with great caution.

In suitable cases Thomas's retroversion pessary acts excellently well in holding the uterine body in its proper position, and lifting up the prolapsed ovary. When, however, there is great tenderness, we may do mischief with this kind of instrument, and when we may resort to the packing of cotton behind the cervix uteri after the organs have been replaced. Even this sometimes does more harm than good, when we may resort to the genu-pectoral position as advised by Dr. Goodell. (See Tait on Diseases of the Ovaries, p. 45.)

Physiological rest should be observed as nearly as is possible. The patient should pass the whole of her menstrual period in bed. Sexual intercourse must be interdicted. To relieve intra-pelvic congestion I have found nothing better than vaginal and rectal irrigation with water as hot as can be borne by the patient, and continued for twenty to thirty minutes, twice a day.

To improve the general health, we are apt to be tempted to the use of iron. This is contra-indicated, as it is likely to induce excessive flow at the menstrual period. The vegetable tonics are much better suited to these cases.

Tait lays great stress upon the following plan: Every alternate month give from five to twenty grains of bromide of potash twice a day, and during the intervening months give the same quantity of chlorate of potash. Also a pill of from one half to two grains of ergotin, to be taken for a few days before the appearance of menstruation, and during the whole of the period.

Goodell speaks highly of the following:

R Hydrarg. chlorididi car., . . . . . gr. i;  
 Ammonii chloridi, . . . . . ʒ ii;  
 Mist. glycyrrhiz. co., . . . . . fl. ʒ vi. M.

Sig: One dessertspoonful after each meal in a wineglassful of water.

But it too often happens that all the usual means for bringing back the ovaries to a healthy condition are used in vain, and the wretched patient continues to suffer month after month from

year to year. It is now that oöphorectomy offers the only hope of relief, and the claims of the operation should certainly receive the most serious attention.

RICHMOND, IND.

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## THE QUESTION OF AMPUTATING AFTER SEVERE INJURIES TO THE EXTREMITIES.

BY LEVIN J. WOOLLEN, M. D.

The propriety of amputating after severe injuries to the extremities, often a question fraught with responsibility and embarrassment to experienced surgeons, becomes intensely so to the practitioner whose work lies in small towns and in the country. Deprived of the aid of those more experienced than himself, he is compelled to act upon his own judgment alone, and the life itself of the patient is thus made to hang on his single opinion. Circumstances having recently called my mind to the foregoing aspect of injuries of the character I have named, I was led to investigate it with more than ordinary thoroughness, in order to formulate, if possible, some general rules for my guidance in such cases. In addition to consulting such works on the subject as were in my reach, and which, I may add, did not afford me just what I was in search of, I addressed a letter to my friend, Prof. W. W. Dawson, M. D., of Cincinnati, and in answer received from that accomplished surgeon such plain, practical, and, it appears to me, such safe rules of proceeding in the cases named, that I take the liberty of copying them for the benefit of such readers of the AMERICAN PRACTITIONER as may belong to the same class of practitioners that I myself do. The following are Dr. Dawson's words:

### PRINCIPLES WHICH SHOULD GOVERN IN THE TREATMENT OF INJURED LIMBS.

In the light of present experience the injury must be great if a *primary* amputation is justifiable. *Secondary* amputations yield results

equal almost, if not quite, to primary ones. This being the case, you are justified in making an effort to save the limb. Amputation should be resorted to when—

1. Where the soft parts are so devitalized that restoration may not be expected, as in railroad injuries or severe gunshot wounds.

2. Where the main artery supplying the limb is divided and the soft parts are badly injured, the limb should be removed. This rule does not apply in mere division of the artery; for then it may be ligated at both ends and the limb saved, if the soft parts are not greatly damaged. The division of a large vein or nerve does not place the limb in jeopardy, as some authorities suggest.

3. The mere exposure of a large joint does not justify amputation. It is called for only when the injury to the joint is associated with a devitalized condition of the associated tissues.

4. No amount of comminution of bone alone should lead to the sacrifice of a limb; for by the movo-immovable dressing the parts can be so securely held in position, can be kept so quiet, that repair may always be expected.

5. When amputation is demanded, Esmarch's bandage should always be used. It economizes blood, and hence prevents shock. If the operation must be made immediately, the elastic apparatus, by saving blood, prevents the increase of the shock.

By the Bavarian dressing we can give such rest and support that we can preserve limbs that with the ordinary appliances would be lost. With it we are justified in making an effort to save a limb, that with splints would be regarded as reckless.

The whole question may turn upon the mortality following the secondary and primary amputations, and the ability of the closely-fitting and easily-adjusted apparatus to save limbs—*badly, fearfully* injured ones—limbs that were formerly regarded as hopelessly damaged.

In my lectures I prefer the division of amputation into (1) immediate, (2) primary, (3) intermediate, (4) secondary. By the first is meant an amputation performed at once. By the second, an amputation performed within forty-eight hours after receipt of injury, before inflammation has become established. The third or intermediate is between this and the establishment of suppuration. The fourth, or secondary amputation, is one performed after the active symptoms have subsided. This is hardly before the end of seven days. At this time pus is freely proliferated, and tension, except where pus is confined, is at an end.

The intermediate operation is a dangerous one, for it is made in the face of a high grade of action, and should never be resorted to. Immediate operations are often unsafe; the surgeon adds to the shock of the accident the shock of the operation. He should wait for reaction, for he has forty-eight hours of safety, or, rather, he will not be prohibited by inflammation before the end of that period.

Wo unto the man who is operated upon in the intermediate period!

With positive rest and graduated but regular compression, such as we can get by the movable plaster-of-Paris dressing, we are destined to enter upon a new career, and our achievements will be marvelous as compared with the past, when the fragments were hourly disturbed, and bandages acted as cords to strangle.

I believe that the above rules given by Dr. Dawson are of more value to an inexperienced surgeon who is compelled to decide upon the propriety of an amputation than every thing combined that I, at least, have found in the ordinary text-books. He that follows these rules strictly, and makes a proper application of the Bavarian bandage, will not, I feel assured, regret his course.

VEVAY, IND.



## Reviews.

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**The Diseases of Women: A Manual for Physicians and Students.** By HEINRICH FRITSCH, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by ISIDOR FURST. With one hundred and fifty-nine wood engravings. New York: William Wood & Co. 1883. 1 vol. 8vo. Pp. 355.

With a number of most excellent works on Gynecology already before the profession, it requires some courage on the part of author and publisher to introduce still another work. In this, as in many other fields, the struggle for existence is severe. The survival of the fittest is a law ominous of failure and speedy oblivion to all but productions of eminent merit. While such works as those of Thomas, Emmet, Hewitt, Sims, etc., are in the hands of almost every medical man, it is extremely hazardous to present a new candidate for professional favor.

Professor Fritsch's work is evidently intended to present the domain of gynecology as completely as the limits of two hundred and fifty-five pages (including the index) will permit. The first twenty-two pages are devoted to the anatomy and physiology of the female generative organs. The account of these is concise and generally clear. Here and there some obscurity of expression is noted, as on page 21, where the text reads, "There is no form of the vaginal portion (of the cervix?) which has been described as the cause of sterility in which conception does not occur spontaneously." If this means any thing, it means that conception in this portion of the female sexual organs may occur without any contribution from the male—a position so absurd as to need no contradiction.

The subject of General Diagnosis is considered in the fol-

lowing twenty pages, and ten pages are given up to Gynecological Antisepsis. This brings the reader to the beginning of the fifth chapter, which treats of General Therapeutics. The sixth chapter treats of the malformations and diseases of the female sexual organs. The morbid conditions of the female bladder and hysteria are also treated of. Two hundred and seventy-four pages are assigned to these, and constitute the main part of the work. To this the practical physician is most likely to turn in seeking information on some gynecological subject. In these pages he would seek for light in the management of an obscure and difficult case. By the manner in which the author treats the matter contained in these pages the work will be judged.

Here we find many important practical questions passed over in a very cursory manner. American physicians, who, as a rule, keep themselves informed of what is doing in the profession throughout the world, will be surprised to find that Prof. Fritsch has entirely ignored the achievements of their countrymen in uterine surgery. Sims receives but scant mention. In the paragraph on Inversion of the Uterus, which is very imperfect, the invention by the late Prof. Jas. P. White of his well-known instrument is not mentioned. Prof. Thomas's original and brilliant operation for the cure of inversion is not even hinted at.

The section on Diseases of the Ovaries is quite incomplete and unsatisfactory. Dr. Battey's operation, whatever Professor Fritsch's opinion of it may be, should certainly have received notice.

The article on Salpingitis is remarkable only for its brevity. Recent operations for the removal of the Fallopian tubes seem to have entirely escaped the author's attention.

If the author's account of pessaries fully represents his knowledge of the subject, his resources in their application to the relief of uterine displacements and the sufferings they entail must be more limited than is usual with most specialists in this department.

The book, though not without merit, advances no new facts or principles, and presents what is already known in no new aspect. It is certainly inferior to the works of Thomas, Emmet, and Hewitt. But withal, it is reliable so far as it goes, and, being much cheaper than any of the works just mentioned, it may find a wider circulation than it is entitled to on its intrinsic merit. The illustrations are borrowed, and many of them are very inferior.

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**A Practical Manual of the Diseases of Children: WITH A FORMULARY.** By EDWARD ELLIS, M. D., late Senior Physician to the Victoria Hospital for Sick Children, etc. Fourth edition, revised and enlarged. New York: Bermingham & Co. 1882. 1 vol. 8vo. Pp. 218. Price \$1.

The publishers of this volume are entitled to great credit for placing within the reach of all, even of the poorest medical men, many excellent works. The great cost of medical books is one of the difficulties encountered by the student just entering the rough path that leads to the doctorate, and of the young physician struggling for practice. Why medical books especially should be so very dear, is a mystery that only the initiated few are enabled to understand. The fact, however, is generally appreciated and complained of by medical men, and explains why many of them are not better acquainted with their profession. But when such works as the present can be had for the trifling sum of one dollar, those who do not read are not the men who can not afford to buy books, but those who prefer to remain ignorant.

Dr. Ellis's work has already passed through three editions. Time, which ultimately decides the real value of all things, has accorded to it a testimonial of merit which may not be recalled. It is plain, practical, and suggestive. It will be found far more serviceable than the portly, ponderous, padded volume of Meigs and Pepper. It will be consulted and read with satisfaction and

profit by many whose time and disposition both forbid the perusal of more elaborate treatises.

As must be expected in a work so limited in space, the author does not treat his subject exhaustively. Though dealing somewhat too much in generalities, and enunciating conclusions without giving the facts upon which they are based or the process by which they have been reached, still the author does give a large amount of plain practical advice, and frequently enters into details which are most welcome to young and comparatively inexperienced practitioners.

The Formulary at the close of the book is perhaps the least satisfactory part of it, the prescriptions are often ill selected, and they are badly arranged.

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**Neuralgia and the Diseases that Resemble it.** By FRANCIS E. ANSTIE, M. D., London. New York: Bermingham & Co. 1883. 1 vol. Pp. 233.

Much has been written on the subject of neuralgia since the first appearance of this little work by the late lamented Dr. Anstie; yet nothing surpassing, or even equaling it, has since then been produced. The author had a clear conception of the subject, presented it in a clear and practical manner, and laid down principles of treatment which will continue to be the safe and efficient guide to the management of this often terrible disease. To be sure, new remedies have been brought to our knowledge since Dr. Anstie's untimely death; but his book remains to remind us how genuine and thorough he was in all his work. It will keep his memory green in the profession he adorned, for whose advancement he lived and labored and at last lost his life. This little book has been of great service in disseminating sound and useful knowledge concerning a disease often ill understood. For the perpetuation of the author's name it will be "*monumentum ære perennis*."

**The Change of Life in Health and Disease:** A Clinical Treatise on the Ganglionic Nervous System Incidental to Women at the Decline of Life. By EDWARD JOHN TILT, M. D., etc. Fourth edition. New York: Bermingham & Co. 1883. 1 vol. 8vo. Pp. 250.

The reproduction of this excellent work in a cheap edition is an evidence that the American publishers appreciate not only the merit of the author, but also the wants of the profession. Dr. Tilt's style is pleasing, his experience in the treatment of diseases of women has been very large and varied, and he has utilized his ample materials with sound judgment and skill. It is a book of great value, and forms an important addition to gynecological literature. Having already passed through three editions in England, and being well known to the American profession, it is hardly necessary to make a more extended notice of this book. In its present form it is an attractive volume. The low price of one dollar places it within easy reach of every physician in the land.

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**Report of the Board of Health of the State of Louisiana** to the General Assembly for the Year 1882 and the first Six Months of 1883, embracing the Quarantine and Sanitary Operations of the Board of Health during a Period of Eighteen Months, January 1, 1882, to July 1, 1883.

A ponderous volume of six hundred and thirty-seven pages, besides numerous large tables and illustrations. A monument to the laborious industry of the distinguished President of the Board, this belongs to a class of literature that must ever be mentioned with respect, but is not intended to be read. Such books are like the "Fathers in the desert"—to be admired, but not imitated. The wood-cuts are wretched, and illustrate only the incompetence of the artists.



## Clinic of the Month.

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CLINICAL LECTURE ON FAILURE OF SEXUAL DEVELOPMENT.—Prof. T. Gaillard Thomas, M. D., delivered the following interesting lecture at the College of Physicians and Surgeons, New York. The little girl whom I present to you to-day is a clinical lecture in herself. Her name is Rachel W., and her parents are Polish Jews. She is eighteen years of age, and yet, to look at her, you would never imagine that she was any thing more than a child of twelve. Physically she is, indeed, a girl of twelve; but chronologically she is a young woman of eighteen. The history, as derived from her mother and herself, is a very brief one: She is all the time sick, she says; complaining of weakness and more or less cough, and of pains in the head, back, chest, limbs, and lower part of the abdomen. In addition, her mother informs me that she has never in her life shown any sign of menstruation. It is true that, in answer to a leading question, she says that at a certain part of every month the pains mentioned are aggravated; but this statement must, I think, be received with some degree of allowance. When the girl speaks you can not but be struck by the peculiar character of her voice. It is that of a boy of eighteen, whose voice has just undergone the change incident to the age of puberty, and is certainly a much more man-like voice than that of her mother.

These, then, are the facts of the case. The inference which we draw from them is, that that remarkable change which ordinarily takes place at puberty has not in this instance occurred; a conclusion which is confirmed by the physical examination, of which I will presently speak to you. What the special reason for the non-appearance of this change is we can not say, though the ganglionic nervous system is probably at

fault. At the age of puberty, as you know, the uterus in ordinary cases rapidly grows to three times its former size, and the ovaries also become much more fully developed. Ovulation then takes place, and when menstruation has once commenced the uterus becomes still further enlarged. In a certain number of cases, such as you will meet from time in your practice, these changes do not take place. In the present instance the condition of the patient approaches that of cretinism, so commonly met with in some parts of Switzerland, except in regard to mental capacity, as this girl is perfectly intelligent. If nothing is done in the way of treatment, and possibly in spite of this, should it be attempted, she will be a little old woman at forty, no larger than she is now. Here there has been an abnormal development, so that the voice is that of a man. The mammæ are also like those of a man, and her form entirely lacks that rotundity and size which we ought to find at her age. The condition of this patient is, indeed, that of a woman from whom the ovaries had been removed before the age of puberty. There are, however, a few rare exceptions, in which the individual, while having the vagina, uterus, and ovaries perfectly developed, is yet altogether like a man in other respects.

I will now show you upon the blackboard what the vaginal examination revealed here. I found that the hymen offered no obstruction whatever, as one would naturally expect in such a case, and, passing my finger up the small vagina, I found at its upper extremity an acorn-like uterus, such as I now depict for you. By means of conjoined manipulation I then endeavored to determine the size and position of the ovaries, but found this quite impossible. Nothing is to be inferred from this, however, as it is often the case that the ovaries when of normal size, and even when somewhat enlarged, can not be found at all by the examiner. You should always receive with considerable allowance the statement of any one who says he can map out the ovaries with perfect ease. He may imagine that he does this; but the chances are that he is quite mistaken about the matter. In certain favorable subjects the ovaries, when of normal size,

can be thus mapped out; but in a very large number of cases this is utterly impossible. Here, then, we have an infantile, undeveloped uterus, with probably the same condition of the ovaries.

What is the prognosis in a case like this? Some fifteen or twenty years ago the treatment of such cases received a great deal of attention, and the gynecologists reported quite a number of successful results. I myself was one of those who did so, and who felt sanguine of the same good results in other cases. Since then, I must confess, I have lost a good deal of faith in regard to the matter, for I have found by experience that it is only in a very limited number of cases that treatment is at all satisfactory. While, however, I should be by no means hopeful in the case of this girl, I certainly think that she ought to have the benefit of a special course of treatment. It would be easy enough to say that, as nature had failed to do her part there would be no use in trying to accomplish any thing here. But instead of taking such a hopeless view of the case, which would condemn the girl to a life with very little happiness in it, I would advise that at all events the attempt should be made to spur on nature to carry on the development which for some reason she has hitherto neglected in this case. If at the end of three months of persevering and systematic effort no progress had been made, I should then think it useless to go on with any further treatment.

I shall therefore endeavor to persuade the mother to let her daughter enter my service at the Woman's Hospital, and I will now give you an outline of the plan of treatment that will be adopted in case she gives her consent. In the first place you will understand that if by any means, by directing nutrition to the uterus, we can enlarge the organ, a considerable amount of good will be accomplished; and if, in addition, the ovaries can be excited by reflex irritation, there will be some ground of hope for a successful result. In my private hospital there is at present a young girl of seventeen who has improved in the most wonderful manner under treatment, and in whom the menstrual

flow can now be brought on regularly every month. The plan of treatment that I pursue in such cases is as follows: I begin by inserting into the uterine canal a very small sea-tangle tent, which I keep in position by tamponing the vagina. This is to be removed in twenty-four hours, and in two or three days a slightly larger tent is put in. After a time two or three small tents may be used together, and in this way we can really make the uterus grow by producing an afflux of blood to the organ. It is, to be sure, a very clumsy way of accomplishing this; but as it is the only way that I know of, I am content to practice it. As time goes on we can use larger tents, and if we really succeed in increasing the size of the uterus somewhat, a glass stem should be introduced into the cavity and supported by a cup pessary. This stem should be worn both day and night, but should be taken out once in every three or four days. At the same time means should be directed to the improvement of the general system. Highly nutritious food is of the first importance, and the patient should have not three, but six meals a day. This is what the young lady of whom I have just spoken is getting. That is, she has her three regular meals, and, in addition, a tablespoonful of malt extract in a tumbler of milk midway between breakfast and luncheon, between luncheon and dinner, and when she goes to bed at night. Such patients rarely have an appetite, and they must really be forced to eat, although not exactly in the way in which fowls in course of artificial fattening in Europe are forced. Some of you may have seen at the *jardin d'acclimatation* in Paris the ingenious system of M. Martin, by which fowls, in consequence of forced alimentation given regularly every three hours, are doubled in weight in eighteen days; while in a barn-yard they might not fatten in six months. In the matter of feeding such patients it is almost always necessary to combat the will, and especially in regard to the matter of milk, which at first they all say that they can not possibly take. Girls of this class are always anemic, and require a large amount of nourishment. Look at the face of the one now before you, and see how pallid it is. Very



likely she takes a cup of tea and some bread for her breakfast, some salt meat or fish with potatoes for her dinner, and tea and bread again at night. If she should enter the hospital special attention would be paid to her diet, and I think it would be found that she would gain at the rate of two or two and a half pounds a week. But, besides, it would be necessary to look after the condition of her skin, which now feels more like iced parchment than any thing else that I can think of. The impression which it gives one is precisely that of the skin of a man suffering from cirrhosis of the liver. To bring about a healthy condition of the cutaneous surface she would be given three Turkish baths each week, and on the days when she did not have a bath massage would be thoroughly applied by a professional manipulator. In this way the entire skin would be stimulated to action, and passive exercise given to every muscle of the body. In addition, she would be required to exercise with gymnastic apparatus every day after the bath or the massage. In private practice it is, of course, not so easy to carry out such a course of treatment as in a hospital; but it should be imitated as far as possible, and if the mother of the patient is intelligent, all the principal difficulties in the way can be overcome. What, then, have we done so far? In the first place we have improved the blood state of the patient; secondly, we have improved the cutaneous circulation and given tone to the nervous system; and, thirdly, we have to some extent developed the uterus.

We now begin to add something to the treatment, and that is electricity. The galvanic battery, I think, is the best for the purpose, and a cup electrode should be placed over the cervix uteri while the other electrode is carried to the nape of the neck, and then down along the spine. In the same way an electrode should be placed over the ovaries in succession, so as to stimulate these organs also by direct irritation. It may be that in the course of three months after the commencement of the treatment an erratic hemorrhage from the uterus will come on, and this is to be regarded as a most encouraging symptom,



for it is almost sure to be followed by others. In my private case, as I said, I can now bring on the flow regularly every twenty-eight days, and the young lady is so greatly improved in every way that she and her friends are abundantly satisfied with the result, and she will now soon leave the hospital. She certainly looks like an entirely different person from what she did before the treatment was undertaken. For the present, however, she will each month come to my office three days before the time for the menstrual flow, when by means of a Peaslee uterine sound (which I prefer because it has a very blunt point), covered with rubber with the exception of the last two or three inches, a galvanic current will be applied to the to the fundus. The ovaries will also be stimulated by the same agent. On the following day, and again on the day when the flow is expected, this application will be repeated. In one case the procedure resulted in pelvic cellulitis; but, as this is the only instance out of a very large number of patients in whom I have used this course of treatment, I think there is very little danger of this occurring.

It is very evident that something ought to be done for this girl. It is very easy for the physician to screen his conscience under the shelter of a prescription in such cases; but in every instance of the kind an honest and persevering effort ought certainly to be attempted. If at the end of three months, however, there should not be any indication of ultimate success, it would scarcely be worth while, as I have intimated, to carry the trial any farther. My private case, to which I have so often alluded, has proved a brilliant success; but this, you must understand, is the exception rather than the rule. The first case which attracted special attention to this subject in this city was that of a young lady in high life who, in addition to her other troubles, suffered from epilepsy. A well-known gynecologist undertook her case and succeeded in bringing on the menses; while the epilepsy, greatly to the satisfaction of the patient and her friends, almost entirely disappeared in consequence. Of course, the success achieved in this instance induced many other physi-

cians to adopt the plan of treatment in similar cases. The reason that I do not have the same confidence in it that I did once is, that while in a few cases the method is successful, there are a great many others in which the result is negative. To illustrate how changes take place in medical opinion, I may mention that not longer than ten or twelve years ago sterility was almost universally treated in this city by cutting open the neck of the uterus. You all know the history of the operation, which was introduced by Sir James Y. Simpson, of Edinburgh. In only one case, perhaps, out of five hundred, it was successful, and so it gradually fell into disuse, until it is now almost entirely abandoned. It has, indeed, been given up more than I think it really ought to be, as there are a certain number of cases in which it seems to be legitimately called for. This is an important case, as it is a type of a class that you will meet with occasionally in practice, and I have dwelt upon it at considerable length for the reason that I may not have the opportunity of presenting another similar one during the course, as such cases are by no means very common.

If the patient will go in the Woman's Hospital she will be given the benefit of a systematic course of treatment such as I have described, and I will promise to report the progress of the case to you at least once a month while she remains. It is very doubtful, however, whether she will consent to enter the hospital, as persons of her race are apt to be strongly prejudiced against such institutions, and, indeed, against accepting charity of any kind. While speaking of her race, I may mention that it is very rare to find the condition here present in Jewesses, among whom the age of puberty, which, as you know, varies in different races and nations, occurs ordinarily at a very early period.

POISONING BY SALICYLATE OF SODA.—Dr. Pineau writes, in *L'Union Médicale*, of a young man, suffering from typho-malarial fever, who took by mistake two and a half drams of salicylate of soda. Nothing unusual was noticed for over two

hours, when the patient was suddenly seized with extreme weakness, amblyopia, and tinnitus aurium. The entire surface of the body became blue and the extremities were cold. Finally such a profuse perspiration broke out that the mattress was soaked, and the patient was enveloped in steam as if in a vapor-bath. This condition lasted for about three hours. When seen, several hours later, the patient was pale and still covered with a cool sweat. He had not urinated for about twenty-four hours, but passed at this time nearly a pint of strongly acid urine, not albuminous, and containing 26.4 grams of urea per liter. The patient recovered without special treatment. The fever from which he was suffering subsided and convalescence became at once established. The reporter does not state the mental condition of the patient, except to say that he did not at any time lose consciousness entirely.

ON THE ACTIVE PRINCIPLES OF THE CONVALLARIA MAJALIS.—We condense the following from an article on the subject by M. C. Tanret, in the current number of the *Répertoire de Pharmacie*:

Messrs. Sée and Langlebert's researches do not appear to have proved definitely what part of the plant contains most of the active principles. The roots in their hands do not seem to have given the results which they expected. On the other hand, the extract of the flowers, although acting physiologically upon the lower animals, seems to have a much slighter effect on the human subject, the administration of an infusion of five or six grams (77.5 and 93 grains) being followed by no action whatever. As for the leaves, they have so little effect that an extract made from them had to be given in a triple dose in order to produce the same effects as an extract made from the other parts of the plant. The best results obtained were with a watery extract, made from the flowers and stalks, to which was added one third of their weight of roots and leaves.

It should also be observed that flowering time is not generally the period chosen for gathering plants for medicinal purposes, the

watery juices contained in the leaves and roots not being sufficiently elaborated at this season of the year. It follows, therefore, that the results obtained with the plant gathered in May might greatly vary if the gathering were deferred until late in the season, a serious consideration when we are dealing with so active a plant.

M. Tanret adds that the extracts alter more or less during evaporation, so that when considering the physiological effects of the convallaria it is better to deal with the active principles.

In 1858 Walz announced that the convallaria contained two glucosides which he respectively named *convallarine* and *convallamarine*. In 1867 Marmé obtained a purgative effect with convallarine in doses of from three to four grains, but he found that convallamarine acted principally on the heart when injected into the veins, and that in larger doses it caused death by stopping the action of the heart and setting up clonic convulsions, closely resembling in its action other cardiac poisons, such as digitaline, helleborine, antiarine, etc.

Convallarine is soluble in alcohol, but insoluble in water, whereas convallamarine is soluble, in all proportions, in water and methylic and ethylic alcohols, but insoluble in ethylic ether, amylic alcohol and chloroform. By boiling with acids it is converted into glucose and convallamaretine, according to Walz. It dissolves in sulphuric acid, forming a brown fluid, but if it is merely damped with water and then submitted to the action of this reagent it turns violet, the color disappearing on the addition of water. Its taste is bitter with a peculiar after-taste.

M. Tanret has modified Walz's method of obtaining this glucoside in the following manner:

Make an alcoholic tincture of the whole of the plant; precipitate with plumbic diacetate, and filter. Precipitate the excess of lead by dilute sulphuric acid, being careful not to add an excess. Distill off the alcohol, allowing the last portion of the alcohol to evaporate spontaneously. Filter and treat with tannin, taking care to keep the liquid neutral by careful additions of a weak solution of carbonate of sodium. Filter off the tan-



nic precipitate, wash, and dissolve in alcohol of 60°. Decolorize with animal charcoal and discompose with oxide of zinc, filter, and evaporate to dryness. Redissolve in alcohol and evaporate once more, the operation being repeated if necessary until the resulting product is nearly white. Thus prepared, convallamarine closely resembles digitaline. By this process two grams were obtained from twelve kilograms of the fresh plant gathered in the month of August.

The process of preparation, it will be seen, is in no way difficult, and if the convallaria is to take its place in our materia medica the use of the plant itself must be abandoned in favor of its glucoside, convallamarine. M. Tanret has been unable to detect M. Stanislas Martin's alkaloid, majaline, found by him in the flowers, either in the root, stalks or leaves.

M. Germain Sée has been investigating the physiological action of the aqueous extracts of the whole plant with the following results:

1. The convallaria majalis is a most important cardiac medicament.

2. Administered in doses of from one gram to one and a half gram per diem, the aqueous extract produces constant and constantly favorable effects on the heart by moderating its action, and often re-establishing its normal rhythm. On the other hand, the heart's action is strengthened, the exaggerated arterial beats are regularized and the respiratory system acquires greater inspiratory power, the difficulty of breathing being moderated, and giving rise to less painful symptoms.

3. It also acts in the most marked manner as a powerful, constant, and valuable diuretic, rendering it peculiarly fitted for the treatment of cardiac dropsy.

4. It is useful in all affections of the heart, there being apparently no contra-indications. It has no injurious effects on the cerebro-spinal system, nor on the digestive organs. It does not accumulate in the system, and its effects speedily pass away.

5. For the above purposes it is superior to digitalis, which very often can not be exhibited, owing to its injurious action



on the appetite and the digestive organs, and to its causing vomiting and pupilar dilation after more or less prolonged use, effects being often produced diametrically opposed to those sought to be obtained.

6. It is inferior to morphine and iodine in the treatment of cardiac dyspnea; but the first-named medicament produces suppression of urine. In conjunction with the aqueous extract, potassic iodide plays a most important part in the treatment of cardiac asthma.

7. To sum up, the aqueous extract of *convallaria majalis* surpasses all other remedies in the treatment of cardial diseases, especially when complicated with dropsy, rendering the administration of other diuretics unnecessary. (*The Chemist's Jour.*)

ANEURISM OF THE ASCENDING POSTERIOR PART OF THE AORTA. L., aged thirty-five years, height five feet seven inches, usual weight one hundred and forty-two pounds, was admitted to the Eastern State Penitentiary, under a two years' sentence for larceny, in September, 1882, previous to which time he had been four months in a county jail. Sixteen years of his life were spent in various prisons under different sentences. No family history could be obtained.

His medical history dates back sixteen months ago, when he complained of pain between the shoulders, but he continued in comparatively good health until six months ago, when he began to complain of diffuse intercostal pains in both sides and pain in the epigastrium; also poor appetite, nausea, and indigestion; anemia and general debility. Upon careful examination, no organic disease was discovered. The heart was rather weak, but otherwise normal. Thoracic percussion was normal, except slight increased dullness under upper part of the sternum. Pulse feeble, but otherwise normal. There was no syphilitic history, no edema, no palpitation of the heart or precordial pains, and no interscapular pain during the past year. No bulging of the chest-walls, either anteriorly or posteriorly. No discoverable aneurismal bruit. In fact there

was nothing to indicate any organic disease. The case was examined by six reputable physicians, and all of them arrived at the same negative conclusion. The patient's physical condition steadily grew worse, and he was given the liberty of a large yard, excused from work, and allowed a plentiful, nutritious diet, general tonics, and anodynes for the neuralgias. Under this treatment he seemed to improve, but the neuralgias and insomnia continued.

Three weeks ago (August 28, 1883), while sitting in the yard, he suddenly grew very pale, complained of faintness, and was caught while in the act of falling to the ground. He was carried to the hospital department and given stimulants. The physician arrived in a few minutes and found him dying.

A post-mortem examination was made a few hours later by Dr. Robinson, assisted by Drs. Rudderow, Taylor, Weideman and Seltzer. A large tumor, found just above the heart, proved to be an aneurism of the posterior ascending portion of the aorta. The sac contained one and a half pints of freshly-clotted blood, unorganized, and its posterior wall was formed from three dorsal vertebræ, the bodies of which were very much eroded. There was also some erosion of the corresponding ribs and a slight bulging of the sac between them. The heart was very small, but free from disease. No other organic trouble observed.

A careful review of the case suggests the following thoughts to me:

1. That the disease was one of long standing, and that on account of the enforced quiet life of the subject, no inconvenience was experienced until erosion of the vertebræ was so extensive as to cause neuralgia of the adjacent nerves, and slight inter-scapular pain of but short duration.
2. That the case was rendered still more obscure by the facts that the opening into the sac was large, and that considerable portion of the sac-wall was made up of bone—both of which tend to destroy the possibility of there being a diagnostic aneurismal bruit.

3. That if there had been much interscapular pain, due to the erosion of the vertebræ, and it had been treated by introducing a seaton or issue in its vicinity, as has been lately recommended by standard authority (Thomas Harden—Quain's Med. Dict.), there would have been considerable danger of puncturing that portion of the sac protruding between the ribs.

4. That there can be a very large thoracic aortic aneurism without any bulging of the chest-walls, and that it may erode much of the bodies of the vertebræ without causing spinal curvature.

5. That as there was no hemorrhage into the thoracic cavity or canal of the spinal cord, death must have been due to pressure on some of the cardiac nerves or ganglia, and consequently collapse from heart-failure.

PUERPERAL INVERSION OF THE UTERUS.—Prof. Braun, of Vienna, reports in the *Wiener Med. Blätter*, Feb. 22d, the following interesting case, with remarks: A primipara, aged twenty, well nourished, but somewhat flabby and moderately plethoric, was delivered naturally of a healthy male child, about five hours after the rupture of the membranes, at 3 A.M. on July 1st. A few minutes later, without any traction having been made on the umbilical cord, a bag of membranes filled with blood protruded from the vulva and soon burst, discharging an enormous quantity of blood, mostly fluid, followed immediately by the inverted uterus with the placenta partly attached to its surface. The attendant, whose hand had been gently rubbing the abdomen, felt it at the same time suddenly empty. The uterus was replaced within the vulva, the placenta detaching itself in the process, and taxis was applied with the flexor surface of the fingers of the left hand. The right wall, corresponding to the pressure of the four fingers, was reduced first, and the other followed at once. Friction was then applied to the uterine wall by the right hand on the abdomen, against the left in the uterine cavity. Two quarts of a two-per-cent

carbolic solution were injected into the uterus, followed by four quarts of cold water, and subcutaneous injections of ergotin were employed. The patient had lost more than sixty-three ounces of blood, had almost lost consciousness, and was nearly pulseless. The lower extremities were, therefore, entirely enveloped in elastic bandages, the hip raised, and ether injections, tea with rum, etc. administered, until the pulse became moderately strong, and about one hundred and four in the minute. The temperature was not taken on account of the necessity of keeping the patient warmly covered. Ice was placed on the abdomen, and no massage employed, and the uterus contracted so well that five stools passed within the twenty-four hours without causing any attempt at inversion. In spite of the free administration of stimulants and fluid nourishment, by mouth and rectum, the heart's action increased until on the evening of the second day the pulse was one hundred and fifty-two, with a temperature of 97.16° F., and a disproportion between pulse and temperature was still present two weeks afterward. The importance of the auto-transfusion by means of the elastic bandages was shown by the subsequent history. When they were only partially loosened on the thigh, after four hours, symptoms of threatening collapse necessitated their re-application in a quarter of an hour; the attempt some hours later to bandage an arm and set free one leg produced dizziness, and the bandages could not be fully removed until after nineteen hours.

This case went on to complete involution of the uterus and usual health, and shows the operation of complete atony of at least a portion of the uterus in the production of inversion, which may then be induced even by the pressure of the abdominal muscles, so that it is not necessary to refer it always to external influences. The blood liberated by the partial detachment of the placenta collects between it and the uterine walls, flows into the membranes, and presses them down to the vulva, out of which they protrude, the blood behind meanwhile dilating the lower segment of the uterus. The sudden bursting of



the membranes and escape of the blood causes the inversion of the distended uterus, a partial inversion having probably already begun at the uncontracted seat of placental attachment, which may have been aided by traction on the part of the membranes.

Inversion is not so rare in primiparæ as has been imagined, and the following are the causes of its production in them: (1) Feebleness of uterine contractions from the length of the labor, even when it is terminated by forceps, is the first cause. (2) Attachment of the placenta to the fundus, which is more common in primiparæ, predisposes to inversion. (3) The tense vaginal walls do not give under the downward force, and therefore do not so easily prevent inversion. (4) The narrow vulva serves to hinder the outflow of blood, and so facilitates inversion through distension and subsequent sudden escape of the blood. In multiparæ, a predisposition to inversion may be occasioned by adherent placenta in previous labors. (Lond. Med. Record.)

DIAGNOSIS OF PREGNANCY.—Loviot (*Jour. de Méd.*) considers that the diagnosis of pregnancy can be made with certitude even in the first three months before the fetal signs are present. He relies upon physical maternal signs revealed by palpation and the touch combined. By this means a tumor is recognized as being formed by the uterus modified by pregnancy. The superior segment of the uterus felt above the symphysis is a rounded depressible elastic tumor. The inferior segment is lowered, flattened, and enlarged and forms around the base of the cervix, which is a protuberance, a characteristic ring. The consistence of the gravid uterus is soft, supple, and elastic, gives to the finger on pressure the sensation of a rubber bulb, this sensation should be felt on all accessible portions of the uterus. M. Loviot avers that neither congestion, metritis, fibromata, even softened, give the same sensation. The presence of a fibroma along with pregnancy is no absolute bar to the diagnosis, for the notions of consistence will be sufficiently preponderant to fix the diagnosis surely. (Canadian Practitioner.)



REMOVAL OF FOREIGN BODIES FROM THE STOMACH.—Dr. J. R. Uhler, of Baltimore, says, in *Maryland Medical Journal*: In the *Transactions of the Medical and Chirurgical Faculty* for 1883, pages 81 to 86 inclusive, the chairman of the Section on Surgery quotes with approval several operations, taken from the journals, where the stomach was opened for the removal of foreign bodies that had been swallowed, and strengthens his opinion by statistics of recoveries in five out of seven cases where this procedure had been tried. He also, as a matter of precaution, perhaps, says "that incision in the stomach itself should not be longer than one eighth of an inch, unless made for the removal of a foreign body, and then as small as will permit of its extraction." Now, I want to protest against such a dangerous and pernicious procedure as the opening of the stomach for the removal of foreign bodies until all other means have been tried and failed, since there are cases on record where these substances have remained in the body for a considerable time with little harm, and chiefly because I can scarcely conceive of a foreign body being swallowed, and passing through the esophagus, that can not by one means or another be extracted or rendered harmless by manipulation through that tube alone, or through the esophagus and unopened stomach walls after the peritoneal cavity has been cut into sufficiently to admit the thumb and one or two fingers.

It will hardly be worth while to occupy space with a minute recital of the means at our disposal for the removal of foreign bodies, as most surgeons are, or ought to be, familiar with them, but a few that may be useful and that depend upon anatomical considerations may not be out of place. The stomach, as all physicians know, consists of a musculo-membranous sac and walls so thin that any hard object may be felt in it and grasped through its walls when the hand is placed in the peritoneal cavity. The same can be done through the abdominal walls in a very thin subject, while the patient is relaxed or kneeling, and perhaps, as related some years ago, by a little arm and hand feeling through the walls of the colon,

though not often. At the pyloric orifice and also at the cardiac end the stomach is more or less funnel-shaped or contracted, and when a person lies on the right side its contents gravitate toward the pylorus; but should he be reversed (head downward), with the body leaning somewhat toward the left, objects in the organ may be made to gravitate in the neighborhood of or into the entrance of the esophagus at the cardiac end. This much being granted, it is only necessary to pass forceps of the sliding, self-expanding variety, shaped like an old-fashioned lithotrity instrument or crayon holder with a ring around it, or any other forceps that will suit, through an esophageal tube, and when this tube has reached the entrance to the stomach protrude its claw-like blades, reverse and shake your patient, and with the thumb and forefinger on the outside of the abdomen, by external manipulation guide the foreign body between the blades of the instrument, which can now be tightened, and, if properly grasped, be gently withdrawn. Now this, to the uninitiated, may seem a very difficult procedure; but, after having passed the esophageal tube several hundred times, I can state that it is not so, but only requires gentleness and caution. The blades of the forceps should not at first be drawn too tight, but barely press against the foreign body, so as to give it a chance to swing around a little, if caught in the wrong direction when we pull upon it; but as soon as it is withdrawn a little way, and you find it comes with ease, make it as tight in the grasp of the forceps as possible. In the case of a fork or any cutting instrument, surround the lower part of the many-bladed forceps by a funnel of thin rubber tubing attached to the bottom of the esophageal tube, and, after the object has been grasped, slip this well over it as a cover, and withdraw. Where none of these procedures will do, and the object is of such a character that there is no hope of its partial disintegration in time from the juices of the body, or other means that I may mention hereafter, the peritoneal cavity may be opened, and the finger and thumb, or even our whole hand, be passed into it; and while the forceps protrude through the esophagus into the stomach

the foreign body may be placed, by said finger and thumb grasping it through the uninjured stomach walls, in any position we please in the jaws of the forceps and safely withdrawn; or if it be of such a character as to cut the esophagus, the forceps may be used to bend or break it, as with a calculus in the bladder. The dental engine or universal jointed lathe can also be employed to grind it or to cut it off in a tube, or otherwise, as may seem most desirable. Should light be required to aid the hand, Edison's small electric bulb or some other form may be used through the esophagus, being passed into the stomach before the forceps are introduced.

Under no circumstances that I can think of should a large incision be made in the stomach to remove a foreign body entire, but, at the worst, only one sufficient to admit small forceps, cutting instruments, the dental one previously mentioned, or something of the sort, to break in pieces, grind, or otherwise reduce in caliber, so as to allow of ready extraction through a small wound. Foreign bodies may be dealt with in the intestines by the employment of the fingers to push a substance out of the contracted portion of the gut, after the peritoneum has been opened, or when in the colon they may be removed by a small hand through the rectum.

RECTAL ADMINISTRATION OF SALINES.—The following is the plan pursued by Dr. W. Jaworski, in the treatment of disorders of the large intestine (*Memorabilien*): In cases in which there is irregular action of the bowels (constipation alternating with diarrhea, or either of these conditions alone), when palpation reveals the presence of impacted fecal matters and points of tenderness in the large intestine, and when the stools are mixed with mucus, he uses injections of a two-and-a-half-per-cent solution of soda of increasing temperature. An ounce and a half of ordinary crystallized soda is dissolved in three pints of warm rain-water, and as much of this as possible is injected into the rectum, and retained by the patient for about five minutes. This is done every day, at least five injections being practiced. They

have the effect of cleaning the bowel of the masses of mucus. Then at least five more injections are given of the same solution, with the addition of a tablespoonful of common salt. These are given only every second day. After the rectum has been well cleansed, and little or no mucus is seen in the stools, the author uses enemata of warmed Karlsbad water, to every bottle of which, in cases of obstinate constipation, a tablespoonful of sulphate of soda is added. It is advisable, during the treatment by enemata, to intermit for several days at a time, in order to ascertain what progress has been made. Where there is atony of the rectum it is well to give injections of pure cold water, with or without the addition of common salt, and these are recommended also in the after-treatment. The diet should consist chiefly of meat and milk. In cases of habitual constipation, without catarrh, or any apparent lesion of the large intestine, the author begins at once with enemata of sulphate of soda. The first injections are warmed, and contain about two tablespoonfuls of Glauber's salt in three pints of water. Instead of pure water, the salts may be dissolved in Karlsbad water with advantage. Each day the water is used colder, and chloride of sodium is usually added to it. A mixed diet (excluding starchy food) is ordered. When a clearing out of the entire intestinal tract is sought, a glass or two of cold soda-water, with a little sour wine, is ordered. In feverish conditions, or when the stools contain streaks of blood, very cold solutions of Glauber's salt and chloride of sodium are advised. The advantages of the rectal administration of the salines are summed up by Dr. Jaworski as follows: (1) The patient is spared the disagreeable taste and the nausea so often following the taking of salines. (2) Such a strict regulation of the diet is unnecessary, and the salts may be given even after a full meal. (3) The entire intestinal tract is not uselessly irritated, but the remedy is locally applied, and acts for the most part only on the diseased portion. (4) The dose can be more easily regulated, for when salines are given by the mouth, the amount that reaches the rectum, or acts upon it in any way, is a very uncertain quantity. (5) The



local effects of heat or cold may be obtained, together with those of the medicines employed, when the latter are given by enema. (Medical Record.)

RUPTURE OF THE TENDON OF THE QUADRICEPS EXTENSOR CRURIS ON EACH SIDE.—Dr. L. A. Stimson presented a patient with the following history: The patient is a rather small, spare man, fifty-eight years old, who has always been healthy. Ten years ago he slipped while walking, fell backward to the ground and found himself unable to use his right leg. He had broken the tendon of the quadriceps apparently at its junction with the patella. The knee became at once painful and swollen, and he remained unable to walk for four weeks. During the following six months he walked with a cane, and noticed disability of the limb when going up or down stairs, finding himself unable to support his weight upon it when the knee was partly flexed. After the expiration of the six months he discarded the cane and considered the limb about as good as ever; he could carry a load of fifty to seventy-five pounds up-stairs in the usual way, taking the steps with each foot alternately and not aiding himself with his hands. He says the appearance of the knee differed from what it was before the injury; that there was a depression above the patella, and the anterior edges of the condyles were prominent.

Three years afterward (1876), he broke the tendon of the left quadriceps by a similar slip and fall backward. It was treated in the Chambers Street Hospital, by rest in bed with the limb bandaged upon a posterior splint. The knee was swollen and painful for three weeks, and more or less stiff for six months afterward. Then he resumed work as a porter, and worked steadily until January, 1883, his right leg being all this time stronger than the left. His duties frequently required him to carry loads of fifty to one hundred pounds on his shoulder. In walking he kept the knee almost perfectly straight, and occasionally he fell heavily, this happening whenever he slipped and bent the knee. In going up and down stairs he always



aided himself with his hands on the banisters; he says he was always fearful lest he should fall. Yet he carried weights, and even climbed ladders. He could not rise from a sitting posture without aid, unless the seat was so high that the knees were extended.

Early in January, 1883, the right knee-joint suppurated, from unknown cause, and he entered Bellevue Hospital. The joint was opened in the median line above the patella, drained, and immobilized. The discharge ceased about the end of February.

His present condition is as follows: Left knee. When the knee is flexed nearly to a right angle, the anterior surface and edges of the condyles are very prominent, and the patella lies below, leaving a deep sulcus above it, between the condyles, occupied only by skin and cellular tissue; the skin is rather closely bound to the condyles, so that it does not move upward as freely as the patella. The patella can be raised from the condyles, and the finger passed between it and them from above to the distance of nearly an inch, by pushing the skin before it. The quadriceps is atrophied to such an extent that the femur seems almost subcutaneous in front. The power of active extension is entirely lost. Even when the leg is hanging straight down, with the knee slightly flexed, the foot can not be moved forward in the least except by swinging it. Right knee still somewhat swollen, and the soft parts indurated. The patient says that its appearance before the suppuration in January last was almost exactly the same as that of the left knee. The quadriceps is not so completely atrophied as the left, and the patient says the right has been the better limb of the two. He walks now with one crutch, taking short steps. (*Annals of Anatomy and Surgery.*)

APHASIA AT THE COMMENCEMENT OF TUBERCULAR MENINGITIS.—Dr. Schutz relates the case of a man with fungoid arthritis of the elbow, who was suddenly seized with aphasia without any other paralytic symptoms. He could read and write, but

was unable to pronounce a word, even if it was spoken before him. Soon other symptoms appeared, cephalalgia, facial paralysis, and periods of excitement followed by depression; then deafness, pain in the neck, strabismus, and dilatation of the pupils, followed by coma and death. The autopsy revealed tubercular meningitis. Aphasia has usually been regarded as a late, rather than an early symptom of this disease. (*L'Abeille Médicale.*)

THE HYPODERMIC INJECTION OF BLOOD.—We take the following from the Medical Record: In the *Archivio per le Scienze Mediche*, Dr. Carlo Bareggi presents a *résumé* of a prize essay written by him, and published in Milan in 1882, upon the subject of the hypodermic injection of blood. His conclusions were derived from physiological experiments upon animals and clinical investigations in disease. Various methods were practiced, and blood from different sources was used, but the best results were obtained with defibrinated blood taken from the same species as that of the receiver. In the human subject a donor was selected who was perfectly healthy and free from any hereditary diathesis, and, if possible, younger and of the same sex as the receiver. If more than six ounces of blood was desired it was obtained by venesection, but when a smaller amount than three ounces was wanted it was taken by means of a wet-cup in the palm of the hand. In the earliest experiments he employed an ordinary Pravaz syringe, but later, in order to avoid the great number of punctures and the increased danger therefrom, he made use of an instrument similar to that employed by anatomists for injecting the minute blood-vessels and lymphatics. The author sums up the results obtained, as follows:

1. Hypodermic injections of blood in amounts of one gram are absolutely innocuous. When greater quantities are used, the injections are relatively harmless according to the regions of the body in which they are practiced and the method employed. The parts of the body which best tolerate the injections are

indicated in the original memoir, where also the best method of operating is described in detail.

2. In man, hypodermic injections of blood are always followed by a slight febrile movement, varying in duration from a few hours to, at the most, two days.

3. The red globules of homogeneous blood, defibrinated or not, injected into the subcutaneous connective tissue, are absorbed, in part at least, unaltered, and pass into the general circulation. Their course is from the lymphatic spaces in the connective tissue into the lymphatic vessels leading from the part, through the glands met with on the way (unless these are in an advanced stage of fibro-adipose degeneration or in some other way profoundly altered), and thence into the receptaculum chyli and thoracic duct. They were found in the principal lymphatic trunks of the part twenty minutes after the injection was practiced, and even after three days numbers of them in a good state of preservation were encountered in the thoracic duct. The greatest number was met with twelve hours after the injection, but even after fifteen days, quantities of red globules, but little changed, were seen passing from the cellular tissue into the circulation. Absorption of the mass of injected blood proceeded rather slowly in individuals in whom the circulation was sluggish, especially in those in whom there was considerable subcutaneous adipose tissue, but more rapidly under normal conditions of the heart's action and in persons in good general condition. The red globules were unchanged after remaining many days in the cellular tissue, except in cases in which there was considerable febrile reaction.

4. Hypodermic injections of blood are capable not only of arresting the progressive deterioration in the quality of the circulating fluid, caused by insufficient nourishment or repeated losses, but also of increasing, in spite of such persistent influences, the corpuscular richness of the blood.

5. This increase in the relative proportion of red globules is equal, or very little inferior, to that obtained by the administration of ferruginous tonics in cases in which these remedies are

tolerated. The improvement shows itself very soon after the first injection, and persists long after the treatment has been discontinued. Together with increased richness of blood comes a marked improvement in the general nutrition and nervo-muscular force.

6. To obtain such effects, it is necessary to repeat the injections several times at intervals of five to fifteen days, and to inject each time a considerable quantity of blood. In one case Dr. Bareggi made four injections, of one hundred, one hundred, one hundred and twenty, and one hundred and thirty, grams (three to four ounces) respectively in twenty-nine days. The relative proportion of hemoglobine was more than doubled. In a second case four injections, of two hundred, three hundred, one hundred and fifty, two hundred and forty grams (four and a half to nine and a half ounces) respectively were practiced in the course of twenty-two days, and the proportion of hemoglobine was nearly doubled.

7. If these results are compared with those obtained by intra-peritoneal transfusion, it will be seen that they not only equal but surpass them, and that without any danger to the patient, and by a method at once easy and inexpensive. "In the hypodermic injection of blood, therefore, we have a new and most valuable therapeutic resource. It is especially adapted to the treatment of those cases of slowly progressive anemia in which the digestive canal is extremely irritable and unfit for the reception, retention, digestion and transmission to the blood of nutritive materials and medicaments."

WOUND OF THE INTERNAL JUGULAR VEIN—LIGATION, EXCISION, RECOVERY.—Dr. T. M. Markoe presented a glandular tumor, which only served as a text for the recital of the history of the case in which an operation was performed for its removal. The case was one of lymphoma of moderate size occurring at about the middle of the left side of the neck in the chain of lymphatic glands behind the sterno-mastoid muscle. He made his incision so as to reach the tumor behind the sterno-



mastoid, and partly cutting and partly enucleating, without much difficulty reached the deeper portion of the tumor; but when this point was reached it was found that the growth projected forward and beneath the sterno-mastoid muscle, and he was obliged to draw the entire mass backward and outward in order to effect its removal; in so doing it became very difficult to be certain as to exactly what he saw and what was divided. In separating the attachments of the base of the growth, when the tumor was nearly separated, he was suddenly shocked by the occurrence of a hemorrhage which was something terrific. It was evidently venous blood, and was pouring out in a stream as large as his little finger from the bottom of the wound. Instantly he plugged the wound with sponges, and then the difficulty was to get at the bleeding point, which evidently was either the jugular vein or some other vein of large size. For one moment he heard a hissing sound, but he was not certain whether it was actually due to the entrance of air into the vein or not. After a little time, constant pressure upon the bleeding point being continued, he carefully and slowly withdrew the sponge, constant pressure also being maintained both above and below, and was able after several trials, during which much blood was lost, with the forceps to catch first the anterior source of the hemorrhage, and passed a ligature about it. Bleeding from this point was arrested permanently and perfectly. Then the posterior and deepest portion of the wound was dealt with in the same way, and he finally caught a large portion of tissue including the bleeding point, threw a ligature about it, and the hemorrhage ceased. When this had been done, he found that the point from which the hemorrhage came was just above the bifurcation of the common carotid artery, and the bleeding was evidently from where the lingual and superior thyroid veins unite and empty into the jugular vein, which vessels he had tied. The other ligature was found to be on the side of the internal jugular vein. It was tied firmly, but he felt unwilling, and so he had always felt, to leave a lateral ligature on the jugular vein.



He therefore dissected the parts carefully, exposed perfectly and clearly the vessel, put a ligature around it above and below; and cut away a piece between, partly to release the tension and partly because he wished to see the lumen of the vessel, in order to be sure of what had been done. The points of the severed vein were now at least two inches distant from each other. The wound was left open to heal by granulation. The progress of the case was most favorable, and the patient is now perfectly well, no unfavorable symptom having developed, no local hemorrhage having occurred. Dr. S. W. Gross had collected the largest number of cases of ligation of veins, and had recorded fatal results in twenty-two out of one hundred cases, the fatal results being largely due to phlebitis and septicemia. Of these twenty-two cases, in five the patients died of secondary hemorrhage, and it was a singular fact that in every one of these five cases the ligature had been applied to the side of the vessel. No death had occurred from secondary hemorrhage, in any case included in his tables, from ligation of the vein in continuity or at its cut extremity. Dr. Markoe believed that the proper plan to pursue was to throw a ligature completely around the vessel, and to leave the wound open to heal by granulation. (*Annals of Anatomy and Surgery.*)

THE TREATMENT OF DILATATION OF THE STOMACH.—The *Med. Times and Gazette*, July 28, 1883, says: Under the title of gastritis, atrophy and dilatation of the stomach, Dr. James Russell records (*Birmingham Medical Review*) the case of a man aged twenty-six, whose symptoms extended over a period of ten years, dating from an acute attack of ill-defined nature, probably gastritis. "This attack permanently changed the digestive power of the stomach; from that time the patient lost the ability to assimilate animal food, with the important exception, however, of milk. Ten years afterward we found that meat, finely comminuted and given in small quantity, remained for two days in the stomach and was then rejected, unchanged." The patient was thin, but not cachectic, and there

was considerable dilatation of the stomach. It was found that, even when tried most carefully, all kinds of solid albuminoid food were rejected after a more or less brief stay in the stomach. Milk alone could be retained. Of some substances (*e.g.*, cod liver oil) the stomach was exceedingly intolerant and immediately rejected them. Washing the stomach out by means of the siphon-tube was tried, but it produced considerable distress and did no good. In the ordinary forms of atrophy of the stomach, the peptic glands are the chief sufferers, and the patient is able to assimilate the hydrocarbons. In this case, however, the patient was very thin, and unable to digest any thing but milk; a condition of subacute or chronic gastritis was constantly kept up, and as a result of these changes and the impaired general nutrition which necessarily followed, a state of dilatation of the stomach was induced. This, of course, tended to keep up the mischief by permitting the accumulation of food in the stomach and favoring its decomposition. The remedy for this state of things employed by nature is vomiting, and cleansing the stomach by means of the siphon-tube is therefore the proper line of treatment to adopt. In the case above alluded to it failed, probably in great measure owing to the organic changes that had taken place in its structures. The value of washing out the stomach in cases of dilatation of that body is well shown by three cases given at the conclusion of the paper, in one of which the patient found such relief from it that he sometimes resorted to it twice a day.

COMMUNICABILITY OF DISEASE BY FOOD.—Except the diseases associated with tapeworm and trichinæ, the only animal diseases which there is or has been ground for regarding as transmissible to man, through ingested meat, are cattle-plague, swine-typhoid, epizootic pleuro-pneumonia, foot and mouth disease, anthrax and anthracoid diseases, erysipelas, and tuberculosis. Mr. Francis Vacher, medical officer, of Birkenhead, England, having examined the evidence in respect to the communicability of these seven diseases, has announced the con-

clusion, in the "Sanitary Record," that only two of them—foot and mouth disease and anthrax—can as yet be pronounced communicable to man by infected flesh, while the communicability of the others, although it can not be positively denied, remains unproved. Cattle-plague has been supposed to be allied to various forms of human disease, but pathologists now refuse to accept such kinship in any shape. The possibility of communicating even a mild form of disease by eating meat infected with rinderpest is not supported by any recorded instance; yet experiments whether such food would convey infection must have been tried millions of times. Instances are cited in which thousands of affected cattle were eaten during epizooties with no bad results. Typhoid fever of swine was declared by Dr. William Budd, in 1865, to be the exact counterpart of enteric fever in man, but his conclusion has recently been found untenable after a most exhaustive research. The meat of swine ill with it is of inferior quality and diminished nutritive value, and is unfit for food in an advanced stage of the disease, but it does not carry typhoid fever. Epizootic pleuro-pneumonia taints the whole carcass of the animal affected, and communicates blood-poisoning by inoculation. Dr. Livingstone says that in South Africa the meat of animals that died of it caused malignant carbuncles in those who ate it. Dr. Letheby relates that a number of persons were made sick by eating sausages made of it in London in 1860. Dr. Gamgee mentions a prevalence of carbuncles in a convict establishment where such meat was used, which ceased when the use was discontinued; but similar meat has been used largely in Paris, the north of France, at Lille, and even in England, without visible dangerous effects. Cattle fed on parts of diseased hogs, and made to drink the food from diseased pleuræ, and animals in the Zoölogical gardens fed on the meat suffered no ill effects. The communication of foot and mouth disease to man, according to Gamgee, "admits of no doubt." The disease has been transmitted by drinking the milk of animals affected and by inoculation, and there is a strong presumption that it can be conveyed by ingested meat. The

existence of anthrax is determined by the presence of the *bacillus anthracis* in the blood of the subject. It is communicable by contact, for the bacilli can make their way through capillaries and large vessels, and can pierce the skin and insinuate themselves where it has not been broken. Experiment shows that the disease "can be as readily conveyed by food as in any other way. If any portion of food ingested contains live bacilli, or their spores, the consumer runs a terrible risk; and the tenacity of life of these organisms is so great we can not assign a limit to it." Several forms of disease have been referred to anthracoid causes. Whether they are anthracoid or not can be ascertained by searching for the bacillus, which, if present, may be seen with a glass of not very high power. The communicability of erysipelas to man from infected food, though exceedingly probable, is hardly capable of direct proof. To convey it through food by inoculation only requires that it be present in the food, that the food be imperfectly cooked, and that the consumer have a minute wound in his mouth. With regard to tuberculosis, Mr. Vacher contends that direct evidence of the human form of the disease having been conveyed by ingested flesh from animals affected by bovine tuberculosis, or "pearl-disease," is wanting, although such flesh is daily sold and bought in the open market, and daily consumed by all classes. The indirect evidence "has really little bearing upon the point at issue."

REMOVAL OF A LARGE RENAL TUMOR BY ABDOMINAL SECTION.—Dr. Henry G. Rawdon reports the case of a female child, aged sixteen months, first seen on August 31, 1882. The mother stated that she first observed a swelling on the left side about two months previously, and that, coincident with the enlargement, she noticed her becoming fretful and poorly, and getting much thinner.

The child had, for a few weeks prior to admission, been brought as an out-patient. During that time the tumor had increased, but not to any marked extent.



The tumor, which was easily made out, occupied the entire space between the left costal cartilages and the crest of the ilium. It extended at least an inch beyond the median line, and could be felt in the lumbar region. The tumor was to a certain extent movable, and on palpation gave the impression of a solid elastic growth of a globular shape, with a generally smooth surface, but with two or three prominences upon it. The urine was ascertained to be free from blood and albumen. On September 2d, under antiseptic precautions, an incision was made in the linea, extending about two and a half inches above and an inch below the umbilicus. As soon as all bleeding had ceased, the peritoneum was divided and the tumor reached. The descending colon passed downward over the tumor, which was very intimately embraced by it, the peritoneal attachment of this intestine being so connected with the tumor that it could only be separated with great difficulty, from fear of laceration.

When the growth was freed from its connections, the pedicle, which included the renal artery and veins, was securely tied with carbolized silk. The ureter, together with some cellular adhesions, was separately ligatured.

The pedicle was now divided at a safe distance from the ligatures, and, after enlargement of the external wound, the tumor was removed. During the operation there was an unavoidable loss of a small quantity of blood—probably not more than an ounce—from tearing adhesions connecting the colon to the tumor in the first instance and its cellular attachments. Before putting in sutures and closing the wound, the cavity in which the tumor lay in the lumbar region and the pelvis was carefully sponged out, and no oozing was noticed.

The child was much collapsed for two hours, but then slowly rallied fairly well. In the evening she seemed free from pain, was able to take a little nourishment, and appeared to be doing as well as could be expected; but in the night, fifteen hours after the operation, she sank somewhat suddenly.

An examination was made next day. The peritoneum was found to contain about an ounce of altered blood or sanious

serum. The ligatures were found to be secure. The small oozing must therefore have come from torn adhesions.

The cause of death was not clear, but suspicion pointed to commencing septicemia or peritonitis, or possibly it may have been due to the antiseptic (that is, carbolic spray and dressings).

The tumor was decidedly carcinomatous. It was globular in form. The prominences upon it were more rapid growths of the same kind, only more friable and softer. Internally it contained several cysts, inclosing a deep straw-colored fluid. It weighed sixteen and a half ounces. No trace of the true renal structure remained. (Liverpool Med.-Chir. Jour.)

RESECTION OF THE INTESTINE.—Dr. Teresino Prati gives the history of a case in which he resected two and two fifths inches of intestine. When the case was seen, the diagnosis of *strangulated left crural hernia, entero-ciplocele, which was in all probability gangrenous*, was made. The woman was aged sixty-one. In her twelfth year she had had inguino-crural hernia of the left side, and in the seventeenth year had umbilical hernia following delivery. No cause could be assigned for the occurrence of the present difficulty. It came on suddenly during the night. Five days after it appeared she came under observation. Prati determined to open the sac, reduce, and, if necessary, perform resection. The patient was chloroformed, the salicylate spray used, the parts washed with a disinfectant solution, and an incision of about three and one fourth inches in length made along the greatest diameter of the tumor and parallel to the inguino-crural fold. The sac was found filled with sero-sanguinolent fluid, of which it was emptied, and it was then found that a portion of the peritoneum was included in the hernial sac. The intestine was of a dark slate-color, edematous, and distended with gas. It was also found that there was an adhesion of the intestine to the neck of the sac, which it was impossible to rupture safely. A further examination revealed a large ulcer in the non-mesenteric portion of the circumference of the intestine which had been caught in the neck of the sac. The strangulated portion

of the intestine measured about one and one fifth inches, was edematous, slate-colored, and contained the ulcer already mentioned. Fearing that if the intestine was returned in that manner there would be perforation and escapes of fecal matter through the ulcer, Prati resected two and two fifths inches. Excision of the margin of the ulcer and subsequent suture were not feasible in this case, as a large part of the lumen of the intestine was destroyed. The patient died twenty-eight hours after the operation, apparently from shock.

Prati draws the following conclusions regarding resection of the intestine: (1) Intestinal resection is a rational operation. (2) One may resect a small portion of intestine without completely disturbing the digestive functions. (3) In performing the operation the resected portion must extend into healthy tissues. It is extremely important that the peritoneal surfaces unite by first intention; and in order that this may be brought about, healthy tissues must be brought into apposition. (4) The indications for the operation are carcinoma, epithelioma, and other intestinal tumors, fibrous or cicatricial stenosis, and gangrene from strangulation. (5) The patient may be fed *per orem* with liquid food, or rectal alimentation should be employed. No solid substance should be allowed to pass the intestinal wound. (6) It is certain that the patient, in the case reported, died of shock. (*Annali Univers. di Med. e Chir.*)

THE VARIATION AND DISAPPEARANCE OF CARDIAC MURMURS. Dr. E. Hyla Greves writes, in the Liverpool Medico-Chirurgical Journal, concerning the variations and changes so often observed in certain cardiac murmurs, dependent on definite organic lesions. He relates the history of several cases, from a study of which he draws the following conclusions: (1) Although murmurs are among the most constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance

must not be placed upon the presence or absence of murmurs, but other symptoms must receive careful consideration, for often on them alone is it possible to form a correct diagnosis. (2) The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment. (3) Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed this condition is recovered from, as is indicated by the disappearance of the murmurs. (4) Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear. (5) Aortic diastolic murmurs, in certain extremely rare cases, have been known to disappear. In these cases a systolic aortic bruit is always present and remains persistent, thus indicating the existence of the lesion. (6) Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.

DECOCTION OF LEMON IN THE TREATMENT OF INTERMITTENT FEVER.—Dr. Maghen states, in the *Giornale di Clinical e Terapia*, that he has obtained excellent results in the treatment of intermittent fever and the malarial cachexia by a decoction of lemons. The remedy was recommended to him by another physician, and he tried it first in some old, inveterate cases, without, however, anticipating any remarkable results. The decoction is prepared as follows: A lemon, as fresh as can be obtained, is cut up into small pieces and put into an earthen vessel. Three glassfuls of water are poured in and boiled down to one glassful, which is then to be strained through a linen cloth and cooled in the open air. As a result of his trials of this remedy, the author arrives at the following conclusions: (1) Decoction of lemon, employed in malarial affections, gives results equal, and even superior, to



those obtained from quinine. (2) It not only cures when quinine does, but even in those cases in which the latter remedy is useless. (3) It is equally effective in cases of chronic malarial cachexia. (4) It presents none of the disadvantages of quinine (irritation of the mucous membranes and tinnitus aurium). (5) Its administration is possible, even in catarrhal conditions of the digestive tracts. (6) In addition to these advantages, it possesses the further recommendation of cheapness. In commenting upon these conclusions, Dr. Kahn (*Bulletin Général de Thérapeutique*) states that the natives of French Guiana employ with success the decoction of lemons to ward off a threatened attack of chills and fever. (Medical Record.)

DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.—Dr. T. Gaillard Thomas states, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but was simply a form of polypus.

I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied.

Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata. (N. Y. Med. Jour.)

RUPTURE OF THE SCIATIC NERVE.—Dr. Conrad Küster reports a case (*Berlin. Klin. Woch.*) in which a rupture of the sciatic nerve was mistaken for rupture of the neck of the femur. The patient, a strong man, aged thirty, slipped and fell backward while walking. He immediately felt a severe pain in the right leg, and numbness in the foot. He was unable to stand, and was carried to his house, where Küster saw him on the following day. At that time he was suffering great pain in the limb—so great that a dose of morphia only partially relieved it. The limb was rotated outward and seemed shortened. There was slight swelling in the neighborhood of the hip-joint, and pain on pressure was most severe at this point. At first sight, there seemed to be a fracture of the neck of the femur. This diagnosis had been guardedly made by two physicians who saw the case soon after the accident, but on account of the intense pain had not made an examination. Dr. Küster diagnosed rupture of the sciatic nerves as there was no crepitation, and passive movements caused but little pain. The subsequent conduct of the case confirmed this diagnosis. Morphia was given to relieve the pain, and warm baths administered as soon as possible. The patient was in bed over six weeks, and five months afterward was able to go about with a crutch and stick. (Practitioner.)

THE RELIEF OF TOOTHACHE.—Dr. Kenneth W. Millican thus writes, in the *British Medical Journal*, September 1, 1883: Possibly the following may be of use; I have found it very successful. It is a modification of a method recommended by Professor Babaieff to the Caucasian Medical Society. Melt white wax or spermaceti, two parts, and when melted, add carbolic acid crystals, one part, and chloral hydrate crystals, two

parts; stir well till dissolved. While still liquid, immerse thin layers of carbolized absorbent cotton-wool, and allow them to dry. When required for use, a small piece may be snipped off, and slightly warmed, when it can be inserted into the hollow tooth, where it will solidify. The ease produced by this simple method is really very great.

**THE THERAPEUTICS OF BUTTERMILK**—The Canada Lancet, August, 1883, says: Buttermilk has at least three therapeutic properties more or less marked. It is a decided laxative to the bowels, and this fact should be borne in mind in the treatment of typhoid. This affords a hint for its use in habitual constipation. Buttermilk is a diuretic, and may be prescribed with advantage in some kidney troubles. Owing to its acidity, combined with its laxative properties, it is believed to exercise a gentle impression on the liver. It is well adapted to many of the cases where it is customary to recommend lime-water and milk. It is invaluable in the treatment of diabetes, either exclusively or alternating with skim-milk. In some cases of gastric ulcer and cancer of the stomach it is the only food that can be retained.

**RESORCINE IN ERYSIPELAS.**—Dr. Bogusch has secured excellent results (*Lyons Médicale*, June 17, 1883) from hypodermic injections of a five-per-cent aqueous solution of resorcine along the border of the affected part, about three lines from each other, the point of the syringe being directed toward the inflamed part.

## Notes and Queries.

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PARTURITION AMONG THE MAORIES.—In connection with the articles that have appeared in the various periodicals within the past year or two regarding labor among primitive and barbarous peoples, we make the following extracts from a letter in the Australasian Medical Gazette, May, 1883 (Boston Medical and Surgical Jour.), from a practitioner who has had abundant opportunity to witness the customs in that regard among the Maories. The women are as a rule very well formed, and in ordinary labors they manage things admirably, only calling in a white doctor when there is great delay, or when from other causes they become frightened. The writer says:

The Maori *modus operandi* during labor is as follows: When the woman is taken in labor, she, with one or two of the same sex, goes into the titree, or manuka scrub, some two hundred yards or so from the whare, and if the weather is bad a tent is erected, according to the circumstances of the family. In fine weather no preparation is made. They are never confined in their own whares. The posture during labor is the kneeling one; the woman clasping her arms around one of the attendants, who supports and presses the abdomen, while the other receives the child at birth from behind.

The placenta is removed by pressure on the womb through the abdominal wall, and if there is any difficulty, the woman goes at once into the cold or tepid water, and by kneading the womb, as above described, the object is attained.

The placenta is invariably buried secretly. Allowing time and using pressure from without are their only modes of conducting labors. In cases that did not yield to these means the woman is allowed to die.

They know no internal operations at all; but, as one of my



most intelligent Maori informers said, "There is very seldom any trouble. Often the woman delivers herself alone, and brings in a kit of potatoes as well as the child."

On the completion of labor the mother and child bathe in the nearest *cold* water lake or creek (this is a custom which may some day be employed in our midwifery system for expelling clots), and after a good washing return to the whare. In very cold weather tepid water is used to wash the infant. In this district warm water is used often for washing the first-born, but should the child die, cold water is always used for succeeding children in that family. This is a Maori custom.

In delayed labors the Maori priest-doctor, or "to-hunga," is called in. He with incantations, etc., beguiles the weary hours, and should time effect the desired object, he is accounted a great man. In connection with their free use of cold baths, the author mentions the fact, interesting to compare with our own practice of hydrotherapy, that, having among the Maories a large number of fever cases (badly marked typhoid, with symptoms of an aguish type) he found it was the custom of his patients to bathe regularly in the cold water creek flowing through the "pah," or in the lake, whenever they felt their "skins very hot." No ill effects followed, and almost all the cases did well.

HOMEOPATHY.—In answer to a correspondent, who had proposed a test of homeopathy in one of the London hospitals, the *Lancet* says: "Our correspondent does not seem to be aware that homeopathy scarcely exists *as understood by Hahnemann*. Its most popular exponent in London has published a new doctrine of therapeutics, directly contradicting Hahnemann's fundamental principle. We published last week the suggestion of a Hahnemannian journal, to drop the word 'homeopathy' out of existence, as the only means of averting the imminent dissolution of the school. We are quite aware that there are sections of the public that believe in homeopathy; but they are attended by those who have abandoned all its essential principles while still retaining the name. The argument that homeopathy only

needs a trial is quite untenable. It has been on its trial eighty years—as long, in fact, as vaccination. While vaccination is accepted by the whole world of scientific and rational men, homeopathy is without a chair in any university of Europe, and it is proposed by its own leaders to drop the very name. The attitude of scientific medicine to it *ab initio* is thus thoroughly justified. The attempt to take shelter under the name of Dr. Sydney Ringer is now rather a favorite device of homeopaths. But it will not save either their scientific or their moral position. Dr. Ringer takes medicines as he finds them, and investigates their action in health and disease unhampered by authority, and he does not trade on a name.”

A NOVEL METHOD OF BLEEDING.—Chas. Coppinger, F.R.C. S.I., Dublin, writes to the British Medical Journal as follows: “I was asked, some time ago, to visit a lady in the country—a fat, full-blooded person, over fifty years of age, who had been complaining of various nervous affections. Twenty-four hours previously to my visit, she had, without any thing which could be called ‘a fit,’ dropped into a state of stupor. When I saw her, she was asleep and breathing heavily; but she could be roused by speaking to her, and made to answer questions in a stupid fashion; after which she relapsed into sleep. She presented all the symptoms of high arterial tension, and an over-loaded vascular system; and the treatment seemed clearly indicated. She was induced to swallow a strong purgative; and, as leeches could not be procured without great delay, the advisability of blood-letting was recognized by the local medical man in attendance and myself. The friends of the patient, however, who were ladies, seemed greatly surprised at the idea. They stated that the lady had been in the same condition before, and recovered; and also that an eminent physician had attributed all her symptoms to weakness, prescribing the most nourishing food, etc. They consented to the ‘operation,’ but they were obviously horrified at the idea.

“Under the circumstances, I determined to adopt the follow-

ing device, the accomplishment of which was facilitated by the fact that the patient chanced to have been treated, a short time before, for hemicrania, by hypodermic injections of morphia. She was roused up, and told that 'the needle' was to be inserted into the skin of her neck, to which she at once consented. The needle, not of a hypodermic syringe, but of an aspirator, was then introduced into her left external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result was so satisfactory that, after half an hour, I repeated the puncture and drew off in the same fashion the full six ounces which the aspirator was capable of holding. The patient recovered, and neither she nor her nervous lady friends in the room had any idea she was bled until the matter was subsequently explained to them. I mention this novel mode of relieving an over-burdened circulation, because it seems to me a method which can occasionally be resorted to with great advantage."

THE ETIOLOGY OF NATIONAL DECADENCE.—Dr. Decroix in a communication to the Academy of Medicine of Paris assigns the use of tobacco as a cause for the present condition of Spain and the coming condition of France. He says: Spain was once the mistress of the sea, the proud ruler among nations, the queen of poetry and song, the home of chivalry and valor, rich, proud, beautiful, wise, virtuous, and renowned. It sent its fleets to the far West to explore the new land, and to bring back its treasures of gold and silver and precious stones. The stately ships returned, laden not only with all the riches of Eldorado, but also, alas! with the "panacea of the Indies," the noxious weed—tobacco. From that period dates the decadence of that once glorious nation. The habit of smoking the poison spread with fearful rapidity over the devoted country. It seized upon the king and the peasant, the holy bishop, and the humble donado. Lords and ladies all smoked and smoked until the once fair land was enveloped in nicotine-charged mist, and the glory of Spain was but a thing that is gone. And this is the fate

in store for luckless France. Tobacco was the cause of the disasters of the Franco-German war, and tobacco will be the occasion of far greater evils still to come.

THE BRAIN TRANSFIXED BY A RAMROD, WITH RECOVERY.—It has long been known that the integrity of the cerebral hemispheres is not essential to the continuance of life, and that they may undergo considerable morbid change or mechanical injury, accompanied by extensive loss of substance, without fatal result, or even serious impairment of the vital functions.

Bearing upon this point, Fischer reports, in the *Deutsche Zeitschrift für Chirurgie* (Bd. xviii), an interesting case of an accident which occurred during the unloading of a carbine, by which the brain was transfixed by a ramrod, without fatal result. The ramrod, which was of iron, entered the thorax to the right of the fourth dorsal vertebra, passed upward in the deeper tissues of the right side of the neck through the base of the skull and brain, and projected to the extent of thirty centimeters out of the left side of the head. After an opening had been made into the neck, the rod was driven backward through the skull, by the strokes of a hammer, and taken out at the neck. The patient recovered, except that he remained blind in the right eye.

An effort to imitate the injury on the dead body showed that in the neck no important vessel or nerve was injured, that the instrument entered the cavity of the skull through the right optic foramen, tore the optic nerve, and then entered the space between the two frontal lobes, and penetrated the brain only to the slight extent of three centimeters, and wounded only the anterior edge of the left superior frontal convolution.

This case is similar to that reported by Bigelow in the *American Journal of the Medical Sciences* for July, 1850, in which a pointed iron crowbar was driven through a man's head by the premature explosion of a blast. The bar entered the left side of the face, near the angle of the jaw, and passed obliquely upward inside the zygomatic arch and through the anterior part of the



cranial cavity, emerging through the frontal bone in the median line, in front of the union of the coronal and sagittal sutures. This patient became delirious and comatose, but subsequently also recovered, although with loss of vision in the eye of the injured side, and lived for twelve years. (Medical News.)

MAGNESIA IN BEER.—As a custom of adding magnesia to beer to preserve it is now becoming general, a word in time from the medical profession may avert what threatens to become a danger to health. Formerly to preserve beer, only salts of lime and the alkalies were used; these imparted harsh and soapy tastes respectively. As magnesian compounds are not so perceptible (when in beer) to the taste, their use in brewing is replacing that of lime. Pure beer itself contains more magnesia than can be taken with impunity by many constitutions, the addition of further quantities, under names known to the trade as “antacid,” to correct beer, “C and D,” to preserve it, “concentrated Burton water” to harden brewing water, may easily increase the amount to an injurious quantity. Brewers do not inquire into the nature of the chemicals now largely used by them, and can not be aware of their effects. It is time that they were reminded that the continual drinking in a popular dietetic of salicylic acid, magnesia, vegetable bitters, etc., is a question which concerns the public health quite as much as their own profits. Drinking-waters containing excessive quantities of magnesia are frequently condemned; beer can disguise more, and should be closely watched. In obscure cases of purging, it will be well for the medical adviser to bear in mind the possible, but hitherto unsuspected, presence of excessive quantities of magnesia in beer. (British Medical Journal.)

GENEROUS RECOGNITION.—It is said that the Emperor of Brazil has given Prof. Lacerda \$20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

THE CONDEMNATION OF VESALIUS.—*Apropos* of a recent painting representing Vesalius starting back affrighted at discovering signs of life in a man whom he supposed dead, and whose thorax he had just opened, M. Bouchut writes in the *Paris Médical* that the subject of the picture is historically incorrect. The story is, that upon opening the chest a movement of the heart was detected, which was taken as proof that the subject was yet alive. For this Vesalius was tried before the Inquisition, and condemned to death, but at the urgent solicitation of Philip II this sentence was commuted to a pilgrimage to the Holy Land. A Spaniard, named Morejon, has shown, however, that no such thing ever occurred. Vesalius was never tried before the Inquisition, and consequently never condemned. His pilgrimage to Jerusalem was made because of ill health, and from pious motives, and it was only with great difficulty that he could obtain from the king, whose physician he was, permission to undertake this journey.

OPPOSITION TO HOMEOPATHY IN AUSTRIA.—According to the Austrian papers, a medical man, named Schmidt, left a sum of \$12,500, some years ago, for the purpose of establishing a chair of homeopathy at the Vienna Medical College. The Minister of Public Instruction invited Professor Seidelmann, a short time since, to report upon the technical value of homeopathy. His somewhat lengthy treatise (the views of which are fully agreed in by Professor Rokitansky) expresses the opinion that the teaching of homeopathy at the institution in question would be unworthy of the present situation of medical knowledge. Acting on this report, the Government is said to have refused to accept the legacy, the ultimate disposal of which is now a matter of some uncertainty.

INFANTILE CONSTIPATION.—In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hatton (*Lancet*) may prove serviceable: Take one quart of bran meal, tie it up

in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bed-time; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing-bottle.

DERIVATION OF THE WORD CHARLATAN.—In former times physicians received and treated their patients in their own (the physicians') houses, and seldom made visits outside, or if they did they went on foot. But there came to Paris at one time a medical genius who knew how to care for himself better than he did to cure his patients. His name was Latan. He had a wagon (char) filled with medicines, and used to drive about through the streets seeking out patients and proclaiming the virtue of his remedies. He was the first traveling-doctor, and as he went through the streets the people used to say, "*Voilà le char de Latan.*" From this came the abbreviated form, charlatan, which came to be applied to all traveling quacks. (*Berliner Tagesblatt.*)

The commonly accepted derivation of the word is from circulator, a corrupted form of circulator. (Med. Record.)

MALADY OF THE COUNT DE CHAMBORD.—The disease of the late Count de Chambord, according to M. Vulpian, who saw him in consultation, was characterized, from an anatomical point of view, by ulcerations of the gastric mucous membrane, and especially of the mucous membrane of the esophagus; from a clinical point of view, by a collection of symptoms which inevitably led to the diagnosis of cancer of the stomach. There was also degeneration of the kidneys.

A SUCCESSFUL resection of the pylorus for cancer was recently made by Professor Heinecke, of Erlangen.

PROFESSOR LISTER IN BUDA-PESTH.—Professor Lister has been spending a few days at Buda-Pesth. A Vienna telegram announces that on Saturday night he received an enthusiastic ovation from the medical students of that city, who held a torchlight procession in his honor. On arriving at the Queen of England Hotel, Pesth, where Professor Lister was staying, the students drew up in a line in front of the building, and Professor Lister appeared on the balcony, surrounded by a number of professors of the medical faculty of the University of Buda-Pesth. One student then addressed the distinguished surgeon in Hungarian, and a second presented the homage of his fellow-students in English, Professor Lister returning his thanks in German.

DISPOSITION OF SEWAGE.—Professor Henry Robinson remarks, in a paper on "Home Sanitation and Sewage Disposal," that the latter question should be regarded as involving a combination of sanitary and agricultural interests, of which the first is paramount and the latter should be disregarded when incompatible with it. Sewage is purified in passing through the soil by one or more of three processes: (1) By simple filtration or removal of the suspended matter; (2) by the precipitation and retention, in the soil, of ammonia and various organic substances previously in solution, and (3) the oxidation of ammonia and of organic matter with the aid of living organisms. A filter-bed may be constructed so as to have a greater oxidizing power than would be possessed by ordinary soil and subsoil, by laying over a system of drain-pipes a few feet of soil obtained from the surface of a good field, care being taken to select a soil containing a considerable amount of carbonate of lime and organic matter. Such a filter-bed would be far more porous than a natural soil and subsoil, and would possess active oxidizing functions throughout its whole depth. The presence of antiseptics interferes with the fermentation, and refuse from chemical works hinders the progress of purification. Much valuable information has been published by Drs. Lawes and Gilbert on the chemical



changes that take place in the soil under varying circumstances ; and Dr. Angus Smith, a rivers-pollution inspector, has much to say in his last annual report on the action of air on sewage and the mode of treating sewage so as to hasten aëration ; while in a previous report he has discussed the treatment of sewage by chemicals. Much information on these subjects may also be found in Mrs. Robinson's work on "Sewage Disposal" (Spon, London). Well-adapted lands have been found capable of purifying the sewage of about five hundred people per acre. The average amount disposed of in nineteen towns where broad irrigation was practiced was equivalent to the sewage of one hundred and thirty-seven people per acre.

MOST of us have but a faint conception of the vast extent of the writing of Galen. In a sketch of his life by Dr. G. J. Fisher, in the *Annals of Anatomy and Surgery*, as the result of a careful comparative computation, it was found that the united lines of the Bible amount to sixteen thousand feet, while those of a Greek edition of Galen extended to eighty-seven thousand feet, or sixteen and a half miles, exclusive of all headings, notes or references. It is five times more voluminous than the entire Bible. But this represents only his extant works. A portion of his manuscripts were destroyed by fire and not a few by the lapse of time. It is supposed that he wrote no less than five hundred treatises, of which one hundred and sixty-eight are supposed to be lost. He wrote not alone on medicine, but on mathematics, logic, and philosophy. Most of his writings were in Greek, elegant in style, but prolix and abounding in conceit, yet fluent, "fresh and familiar as if spoken yesterday."

WHOOPING COUGH.—For a boy four years of age, with an acute attack of the disease, Dr Bruen prescribes :

R. Bromide quinine, . . . . . grs. xvi ;  
 Syrup gum arabic, . . . . . fl. ℥ j ;  
 Syrup ginger, . . . . . fl. ℥ j.

M. Teaspoonful four times a day; to be increased, if necessary, to eight teaspoonfuls.

FOREIGN BODIES ON COATED TONGUES.—To any one not familiar with coated tongues the following may seem interesting. The subject is not quite so important as if they were in the air-passages, but they are curious. Fibers of wood, linen, and cotton; fibers of spiral vessels; fibers of muscle, in one case eight hours after eating; starch grains; cheese mold; portions of potato skin; scales, moths, etc.; hairs from legs of bees; hairs from legs of spiders; pollen of various flowers; stamens of various flowers; hairs of cats, quite common; hairs of mouse once only; hairs from various leaves; wing of musquito, once; fragments of the leaves of tobacco, of chamomile flowers, etc. A list ten times as long could be made, but *jam satis*. (The Microscope.)

A SPECIFIC FOR SINGULTUS.—This very common affection, of infants and children especially, has a specific remedy, at least one which I have never known to fail. Moisten granulated sugar with good cider vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated. I have used it for all ages, from infants a few months old to those on the downhill side of life. (Henry Tucker, M. D., in Southern Medical Record.)

THE New York Medical Record thus characterizes the American Medical Association: "A shifting, purposeless, illy-organized monster, with a floating membership of undifferentiated medical protoplasm." We believe that the editor of the Record was a member of that organization, and he probably thinks that all the rest of the members are made of the same stuff as himself; in which estimate he is as usual mistaken, the editor only suffering by the comparison. (New England Medical Monthly.)

THE THERAPY OF SPASMUS NICTITANS.—Under this head Dr. Friedr. Betz relates the history of a boy, fourteen years of age, who had suffered for several years from a bilateral nictitating spasm of the lid. Several physicians had attempted to relieve

him, but in vain. The boy was healthy, and his eyesight good. He had, however, quite long eyelashes and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The result was immediately successful. (*Memorabilien.*)

DISLOCATION OF THE HUMERUS FROM SNEEZING.—Dr. William Rickert reports, in the Maryland Medical Journal, the case of a man who, while cleaning a house, felt an inclination to sneeze. He stopped work and, raising his left arm above his head, supported himself with the other hand against the side of the stable. While in this position he sneezed, and immediately felt that something was wrong with his shoulder. Examination showed an infraclavicular luxation of the head of the humerus, which was quickly reduced under anesthesia.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF COLORADO promises to maintain the higher standard of medical education with four annual courses of nine months each. The school is open free of cost to all qualified persons, without restriction as to race, sex or place of residence. Qualification consists in the presentation of a degree in letters or science, or the passing of an equivalent preliminary examination.

DIARRHEA.—In a case of mucous diarrhea in a child of one year of age, Dr. Bruen's favorite prescription is:

℞ Bismuth subnit., . . . . .	gr. lx;
Fluid extract rhubarb, . . . . .	gtt. viij;
Syrup blackberry, . . . . .	fl. ℥ss;
Elixir orange, . . . . .	fl. ℥ss.
M. Teaspoonful four to six times a day.	

A RIGHTEOUS JUDGMENT.—Lacombe, the French wholesale druggist who was accused of fraudulently substituting sulphate of cinchonidia for sulphate of quinine, which he supplied to the Paris hospitals last autumn, has been sentenced to a year's imprisonment and fifty francs penalty, and is also called upon to pay for the advertisement of the judgment in a dozen French journals.

THE Convocation of the University of Oxford has voted £10,000 for building a laboratory, working-rooms, and lecture-room for the Waynflete Professor of Physiology, Dr. Burdon-Sanderson. The grant was opposed by some of the members of the board, on the ground of their objections to vivisection, but was carried by a majority of three in a house of one hundred and ninety-three members.

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water, renders it easily taken by most persons. (Squibb's Ephemeris.)

UNITED STATES PHARMACOPEIA.—Any person having purchased a copy of the United States Pharmacopeia of 1880, and desiring a list of the corrections since made therein, can procure same by sending a two-cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York.

THE POLYCLINIC, published by P. Blakiston, Son & Co., is the successor of the Medical Register, and will include the principal features of that journal in its book department. The new journal is conducted by the faculty of the Philadelphia Polyclinic and College for Graduates of Medicine.

It is reported that the Medical Department of the University of Pennsylvania is about to build a crematory for the destruction of refuse from the dissecting-room, and that the structure will be at the service of those who wish to dispose of bodies by cremation. (N. Y. Med. Jour.)

JONATHAN HUTCHINSON sums up his advice to medical students in the following formula: "Prize strength, love the beautiful, practice self-denial, and be patient."



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# THE AMERICAN PRACTITIONER

DECEMBER, 1883.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ON THE USE OF CERTAIN CAUSTICS IN SURGERY.\*

BY DAVID W. YANDELL, M. D.

*Gentlemen:* Every little while you have seen me use at this clinic one caustic and then another, and more than once have heard me say that caustics, so-called, are neither all of equal value, nor of equal applicability in practice. Your choice of a caustic, therefore, should be governed by the work you propose it to do. A caustic which will realize all your expectations in one place may fall quite short of this in another, and yet the fault shall lie, not with the caustic, but with yourself—you having failed to select the right one, the one suited to that particular case. You frequently see me use one of at least half a dozen caustics. Occasionally I make white smoke with a hot iron, a most efficient cautery where an oozing of blood, deep in tissues, refuses to stop under simpler hemostatic means. The actual cautery is handy of application, and especially effective in what is called capillary hemorrhage, particularly when it occurs in parts more or less inaccessible to other caustics.

\*A Lecture delivered at the Surgical Clinic of the University of Louisville.

A caustic which is in much favor in my work here, and at the hospital, is the Vienna paste, but I limit this very powerful agent, almost exclusively, to those old and ill-conditioned sores in the groin—of which you see so many cases—which follow on buboes. I have tried the hot iron, and the nitric acid, and the chloride of zinc, in these ugly ulcers, but not one of them has given me altogether as satisfactory results as has the Vienna paste.

The other day, when I removed a diseased breast, and left a wound which occupied the greater part of one side of the chest, I mopped the whole of the exposed surface with a solution of the chloride of zinc. This, as you saw when the wound was subsequently dressed, formed an eschar which, though superficial, we trust was deep enough to destroy any malignant points that may have escaped the knife. No other caustic would have answered so well here as the zinc.

My colleague, the late Prof. Bayless, was exceedingly partial to this agent and made quite free use of it to surfaces from which he had removed growths that were even suspected of malignancy. I assisted him once in extirpating an enormous encephaloid tumor from the abdominal walls, which, when completed, left a raw surface, whose limits were those simply of the entire front of the abdomen. It was something almost frightful to look at. He mopped the entire surface with the zinc solution. A great eschar followed, then much suppuration; but the parts healed, and for four years the woman remained well. The disease then invaded the lower angle of the cicatrix, and, my colleague having died in the meanwhile, the case fell to me. I repeated in the main the work of my friend, but for some reason the wound refused to heal, and the patient died.

The chloride of zinc is very generally conceded to be the most efficient application to surfaces, especially if they be large, from which cancerous or suspicious growths have been removed. It is believed to destroy, with greater certainty at least than any other agent, such portions of these growths as the surgeon may have failed to remove with the knife. It is often used alone for

the destruction of the more superficial and smaller tumors and ulcerations which are feared to be malignant. It forms the chief ingredient in a paste of some celebrity with which a successful charlatan in this city treats cancer. It has the advantages of being cheap, manageable, and of easy application.

The late Professor Cowling long thought very highly of arsenical paste as a caustic in suitable cases of cancer, and in certain ugly ulcers; but having, on one occasion, reason to fear that some very unpleasant symptoms of poisoning occurred in a patient to whom he had applied it for a large lupus of the face, he abandoned its use altogether.

You have often had the opportunity to see me touch, and sometimes yourselves to touch chancroids with the fuming nitric acid. The same may be said of pure carbolic acid as an application to small surfaces of disease, on different parts of the face particularly. And just as nitric acid has been in my hands all that could be desired in the destruction of chancroids, so carbolic acid has proved equally efficient in checking and causing to heal those little sores which at times appear on the faces more especially of persons who have light or sandy hair, and very thin, transparent skins, and who are haunted by the dread of cancer. I first remove the scales or crust, if there be any, from the ulcers, which I then dry with a bit of absorbent cotton, and touch with the strongest carbolic acid. A white eschar is instantly formed. This sloughs away in a few days, when, unless the sore wears a healthy look, and shows a disposition to cicatrize, the acid is to be applied a second or a third time, as the case may be. I can scarcely go into a crowd of men in this city without meeting one or more whose faces bear the little white cicatrices denoting the seat of former sores which had been healed by this agent. Small and superficial nevi I have often destroyed in the same way.

If you have followed me in these remarks, you will now perceive that the reason for varying the caustic in these different conditions is to be found in the conditions themselves. Each of the several agents I have mentioned is, as many of you have had



occasion to see, a valuable and very satisfactory agent in its way. Neither possesses all the virtues nor all the drawbacks of the other. And I am very sure that your success with either will hinge largely on the knowledge you possess of its special powers and adaptability to the ends you propose it should compass: now one, now another, again a third, according to the needs of each individual case should be the rule which governs you. Should you care simply to follow my own practice in these matters, apply nitric acid to chancroids, burn refractory ulcers in the groin with Vienna paste; mop surfaces, especially if they be extensive, and have been attached to cancerous growths, or growths suspected of being cancerous—mop these, I say, with a solution of chloride of zinc. I need hardly repeat what I have said about the cases in which your choice would fall on the hot iron, or carbolic acid. It has so happened that I never used arsenical paste.

There is another caustic which I have not yet mentioned, but which you have often seen me use, especially on the face and neck and hands and more exposed surfaces of the body. I allude to what goes under the name of Michel's Paste, made of chemically pure sulphuric acid and powdered asbestos, say three parts by weight of the former to one of the latter, or without any regard to proportions particularly, the acid and the asbestos to be rubbed together to the consistency of a paste—of a paste which shall be neither so thin that it shall run, nor so thick that it shall be in the least stiff. I have now used this agent for a number of years past, and I am acquainted with nothing of its class which, in proper cases, I am persuaded, is so efficient or trustworthy. The recipe for the paste was purchased from Michel, a charlatan, in Paris, France, by Dr. Bell, an English physician, at a cost of five thousand dollars.

Dr. Bell must have felt, when the charlatan told him the composition of the paste, that he had paid a pretty long price for what was virtually the carbo-sulphuric paste so long used by Ricord at the Midi Hospital; for practically the asbestos must be, as the charcoal, a mere vehicle to carry the acid. It cer-

tainly has no caustic properties, and can possess no curative powers whatever.

Happening to read, in some one of the journals of the day, of how Dr. Bell had parted with his money, and how the paste was made, I determined to give it a trial. The asbestos not being handy, my friend, Dr. Davis, one of the teachers of the School of Pharmacy in this city, suggested that the French soap-stone, being chemically identical with the asbestos, would, when finely powdered, answer the same purpose. Dr. Davis was good enough to make the paste with this, and from that time until now I have used this combination. It is applied, as you have seen, in the same way as the Vienna paste, the thickness of the layer depending upon the amount of tissue you wish to destroy, varying, we will say, from one eighth to one half of an inch in depth, a small wooden spatula being used to spread it upon the diseased surface. It dries at the end of a few hours, the time of course varying with the depth of the layer and the amount of blood and serum which oozes during its application. Have at hand before applying the paste, to wipe up this oozing, a number of bits of absorbent cotton, wrapped on little sticks. When the paste is used on a large surface, it gives rise to considerable and prolonged suffering—the suffering sometimes being so great as to make it merciful to administer an anesthetic. Hypodermic morphia may occasionally be demanded for the subsequent pain. I have known patients to suffer the greater part of a day, but this is unusual.

The paste is best when freshly made. The great affinity of the acid for water leads it to absorb the moisture from the atmosphere with such rapidity that its strength is soon weakened. For the same reason it is best to use it, when you can, on a dry day. Lest it should run upon the surrounding healthy parts, it is well to encircle the portion you intend to destroy with a thick layer of collodion, and over this put a piece of rubber plaster.

The paste, when dry, is of a brownish white, unless made darker by the oozing of blood which occurred at the moment of

application. It adheres to the parts for a varying length of time, and it has seemed to me that the longer it does so the better, for the more thorough does it prove its application to be, and the greater the time allowed for the work of repair to proceed undisturbed beneath it. When it falls off, or grows loose and is removed, the sore is found in the more fortunate cases to be healthy. Some simple and protective dressing, as vaseline and surgical cotton, is all that is now needed, until cicatrization is complete. If, on the other hand, the appearance of the ulcer be not what you wish it, re-apply the paste. When the crust falls off quickly, as in a few days, I have learned to assume that I have not been just as thorough in its application as I should have been, and, without regard to the appearance the sore may present, I attack it a second time—more than once I have done so a third time.

In using Michel's caustic, as well, indeed, as other caustics used single-handed for the destruction of tumors, embrace several lines of the surrounding healthy tissues in the application, that you may include, if possible, the terminal proliferations of the morbid growths. In a word, your effort must be to destroy utterly the tumor and all its belongings.

Dr. Bell saw the charlatan apply the paste to external tumors generally, and was assured by him that it was fully equal to the removal of almost any tumor which was so situated that it could be reached by the paste. He saw him almost daily attack malignant growths of the breast which were detached and solitary, and where the sub-maxillary glands were not involved, whether open or not, this making, as he was told by the quack, no difference.

In treating tumors the size say of a hen's egg, Michel put the paste on the surface to the thickness of half an inch. This was followed by rapid destruction of the tissues, which the Frenchman said was unaccompanied by pain after the first half hour or so. The latter feature of his statement is, as I have already remarked, according to my experience, not altogether correct. Few persons suffer so short a time, and many suffer much longer.

The clear, watery fluid which oozes from the tissues is, as I have said, to be carefully sopped up. Michel removed the paste at the end of twelve or fifteen hours, and made a fresh application. After the lapse of about the same length of time the paste was again removed, and the work of the caustic was regarded as complete and the excavation treated as a simple sore.

As an application in lupus, both simple and devouring, and in epithelioma when situated upon accessible portions of the body, I have grown very partial to Michel's paste. I am able to turn now in my note-book to quite a number of cases of epithelioma of the face, treated by this method, which have remained well for a period of eight years and more. One of these particularly comes to my mind: A gentleman from a distant part of this State had an epithelioma which involved almost the whole of his lower lip. I proposed to remove the disease with the knife, but the patient objected so strenuously to this that I destroyed the parts with the paste. I did this so extensively that none of the lip was left. Three applications were required. The patient recovered in good time. He is fortunately able to cover his disfigurement by a large moustache. He prevents drooling by wearing a piece of lint where his lip once was. I am sure he suffered more pain from the paste than the knife would have given him. But the final result, which, after all, is the principal thing, could not have been better, for now, at the expiration of eight years, he has had no recurrence of his disease.

A gentleman from Clarksville, Tennessee, came to me, more than six years since, with a lupus of the face which, starting at the lower angle of the nose, had gone on to invade the lower lid and the eye, even to a loss of the latter. It had extended across the bridge of the nose to the opposite side. I attacked all the diseased surfaces with the paste, with the result of arresting its progress wherever it could be adequately reached. All the more superficial portions have remained thoroughly well. I have been called upon to apply the paste at several different times to the tissues of the orbit, where, from the inaccessibility of the structures—the patient being unwilling that I should destroy the



lids—I have failed, no doubt, to carry the caustic to every diseased point.

I have recently applied the paste to the nose of a patient from Indiana, on which there appeared, five months since, a growth which, according to his family physician, at first looked like a small carbuncle, but which soon assumed such malignancy of aspect that he thought it best to send the person to me. The ulcer when I saw it was as large as a nickel. It was situated on the left side of the nose near its point. It was excessively angry, and resembled the excavation which is seen in epitheliomas of long standing. I applied the paste. The crust fell off within a week, when the parts looked more angry than before. I put the paste on a second time. It remained for two weeks. When removed, the sore was much improved, and for a few days showed quite a disposition to heal; but suddenly, in a single night, the repair which had been done melted entirely away and things were as bad as ever.

The patient bore himself in a very manly way, in the midst of his disasters, and submitted to a third application of the caustic. The crust which followed held its place for six weeks. On coming off the small ulcer which remained cicatrized rapidly, and the healing, which has been completed now for a short time, appears in all respects to be firm, and, I venture to hope, permanent.



## **Clinic of the Month.**

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### REMOVAL OF A FOREIGN BODY FROM THE PLEURAL CAVITY.

BY ROBERT F. WEIR, M. D.—The patient is a man, twenty-eight years of age, who entered one of the medical wards on the 29th of August, more than three weeks ago, suffering from symptoms of pleurisy. The pleural cavity rapidly filled with fluid, and on the seventh of this month aspiration was resorted to. A large amount of nearly clear fluid was withdrawn, but the temperature rose afterward, and the symptoms in general pointed to the formation of pus in the pleural cavity. This supposition was verified by withdrawing a small amount of that fluid with the hypodermic needle. Three days ago a large trocar and cannula were introduced, and a number of ounces of pus were withdrawn, the carbolized spray playing during the operation. In the case of another patient, upon whom the operation was performed at the same time, the outer tube, which was quite a large one, was allowed to remain in the opening, and the man has since done perfectly well. In the case of this patient, however, as the cannula was imperfect, I inserted a piece of rubber catheter through the tube into the pleural cavity prior to the withdrawal of the latter, in order to insure perfect drainage, and to avoid the chafing which sometimes takes place from the rigid or sharp end of a metallic tube. In order to guard against the possibility of the suction force of the air entering the pleural cavity drawing the tube within, I had passed a suture through the tube and the skin on either side, thus securing it perfectly, but I was not aware of the fact that the catheter, though never before used, had been for some time in the hospital. Though flexible, it had deteriorated from age in a way that I will shortly explain, and was liable to break, which it afterward did, and entered the pleural cavity. This was discovered the next morning, after

fifty-three ounces of pus had drained into the antiseptic dressings used. This weakness in rubber tubing, while common to all vulcanized goods, is oftener met with in the red rubber, for I have been informed that, in order to make catheters smooth and polished, sulphide of antimony is used, and an excess of this element can frequently be recognized in a dusty layer, which in time exerts a deleterious influence upon the rubber, destroying its elastic qualities. This fact should also be remembered in connection with catheterization of the bladder, and a patient, when given a rubber catheter to pass upon himself, should be instructed to always buy two at a time, in order to guard against an accident taking place in the bladder similar to that which has occurred in this man's pleural cavity. I may add that the elastic quality of rubber is better preserved by keeping it immersed more or less in pure water or in weak water of ammonia. Since this accident has occurred, I have learned, in conversation with several of my professional friends, that a similar one has taken place four or five times in their experience, the tubing escaping either directly from the hand of the surgeon into the pleural cavity, or afterward from being imperfectly secured to the thoracic walls. In each instance the foreign body was successfully removed and the patient recovered, and the pleurisy did not seem to have been aggravated by the accident; on the contrary, the cure seemed to be hastened thereby—that is to say, that a free opening was beneficial. In connection with the use of rubber catheters in urinary surgery, I recall the case of a man who once came to me in great distress, more of a mental than of a bodily nature, he having passed, while at Long Branch, a rubber catheter, as he had been in the habit of doing, and, on trying to withdraw it, found that a part remained behind in the posterior portion of the urethra. Retention fortunately was not present, as the urine flowed continuously through the catheter, the outer end of which was just outside the triangular ligament. I withdrew the piece without difficulty, but have since been in the habit of instructing my patients to observe when the catheter begins to swell, which is an indication of its weakening, and

to discard it at once. You will observe that, in the case of this patient, the intercostal space is large, and I have been enabled to cut down into the pleural cavity, going through a considerable thickness of tissues, and, failing to find, as I hoped, the catheter in the track of the puncture, I have therefore opened the pleura widely, and have inserted a long, bent dressing forceps, and with very little difficulty have seized the piece of tubing and withdrawn it. It is nearly four inches in length. Had the intercostal space been as narrow as in some patients, it would have been necessary to remove a portion of a rib in order to obtain sufficient room to hunt for the foreign body and to extract it; in that event, of course, the intercostal artery would be divided, but this, I may say, is an accident which constitutes much less of a bugbear in the surgery of the chest than formerly. Bleeding may be easily checked with the hemostatic forceps. If you are not fortunate in the first seizure with this instrument, draw up the parts with it *in situ*, and then, probably more easily, you can catch the artery and tie it. The method described by Dr. Abbe, in the "Medical Record" for February 18, 1882, an illustration of which you here see, is also very effectual in controlling the hemorrhage from this artery, and has been practiced with great satisfaction by other surgeons since. I have now introduced a piece of large and thoroughly tested black rubber tubing through the wound into the pleural cavity, sewed the cut walls closely around it, passed a safety-pin through the tube, and, to make matters doubly sure, secured the safety-pin to the chest-wall by means of two threads and some sticking-plaster. To secure any possible advantage which may pertain to the carbolic-acid spray, two of these have been made to play over the wound during the operation. An antiseptic peat dressing, under which a rubber bag is placed containing sublimated sponges, for the purpose of absorbing the escaping purulent fluid, has also been applied.

CASE OF PARACENTESIS OF THE PERICARDIUM: REMOVAL OF THIRTY-TWO OUNCES OF FLUID.—J. W. Macdonald, M. D., L.R. C.S.E., read before the Canada Medical Association a paper on

this subject. I was first called to see the patient, a married woman, aged thirty, on the evening of June 10, 1883. She stated that, three weeks previously, she had been seized with severe pains in the joints, attended with high fever. A day or two afterward, she complained of pain and violent beating at the heart.

Condition on June 10th. She was unable to lie down with comfort; the face was pale, anxious, and slightly edematous; the breathing was short and panting; the heart's action tumultuous, and its movements could be perceived through her clothing. On examination of the chest, a dull area was found over the precordial region, extending from the right edge of the sternum toward the left for about eight inches, and from the seventh intercostal space to the level of the upper margin of the second rib. A loud and distinct to-and-fro murmur at the apex and a harsh systolic murmur at the base were the sounds heard on auscultation. The lower lobe of the left lung, posteriorly, was very dull on percussion, and conducted the heart-sounds so that the murmurs could be very distinctly heard in this situation. Over this area there was also puerile respiration and increased vocal resonance. A narrow strip, giving normal sounds on percussion, extended down the side from the axilla, and divided the dull areas in the front and back of the left chest. The pulse was small, irregular, and one hundred and twenty per minute. She was troubled with diarrhea.

Blisters, iodine, and diuretics were employed, and for a few days the fluid diminished; but the symptoms became aggravated, and the dyspnea and agony about the heart became unbearable. To use the patient's own words, she felt "as if the heart was going to burst." She could get no rest except when propped upright, and she frequently fainted. The diarrhea continued, and, in hope that it might promote absorption of the effusion, I made no attempt to check it.

June 18th. I resolved to operate, and was assisted by Dr. Sutherland. To decide upon a suitable situation for the opening was a great difficulty. The point generally adopted, and



first recommended by Dieulafoy—viz., in the fifth intercostal space, and one inch to the left of the sternum—was in this case unsuitable; for in that situation the heart-pulse could be most strongly felt. No part appeared more prominent than another; and the difficulty was further increased from the fact that the patient was nursing her child, and the breasts were consequently large. A point, one inch below the nipple, and close to the lower margin of dullness, was at length fixed upon: first, because no heart-impulse could be felt there; and, secondly, because it was at the most dependent part of the pericardial cavity. The patient was placed in a semi-recumbent position; chloroform was very cautiously given; and the mamma was held up out of the way. I then made a preliminary incision through the skin, and dissected down carefully between the ribs. No impulse being felt by the finger in the wound, I pushed a moderate-sized aspirating-needle through the remaining tissues; and, feeling that I had entered the cavity, withdrew the stilette. A few drops of greenish-looking fluid escaped; but it appeared impossible to get it to run freely, even after applying the aspirator. Just as I was preparing to enlarge the opening, for the purpose of introducing a tube, the fluid began to run freely; and, on the patient drawing a full breath, it escaped in little jets. After persevering for some time, the cavity was emptied; the dull area over the heart was reduced to its normal size; and the patient, though extremely weak and inclined to faint, was very greatly relieved. The fluid withdrawn measured thirty-two ounces; was of a greenish color, resembling bile; and tended to coagulate on cooling. Shortly after the operation, she could lie down with comfort on either side, and draw a deep breath without inconvenience. The pulse fell to one hundred, and became more firm and regular.

June 19th. She had had a comfortable night, and felt very much better. The dullness over the lower lobe of the left lung had become less, and the respiratory murmur was returning to its natural character.

June 25th. Diarrhea, which had for some time been a prom-



inent symptom, had stopped. The area of heart-dullness was evidently increasing, and with it the other symptoms, which indicated a re-accumulation of the fluid. Iodine was applied over the precordia, and a pill containing one sixth of a grain of elaterium given at night.

June 27th. The elaterium produced copious watery discharges, which were followed by a marked diminution of the area of dullness, and a great improvement in the breathing.

June 30th. Her condition had so much improved as to permit her going to her home in St. John. Up to the present time (August 30th), she had continued to improve. She can walk more than half a mile without inconvenience, and has gained strength. Dr. Bayard, of St. John, who kindly examined her a few days ago, states that the fluid has not returned, but the endo-cardial murmur is still to be heard.

DISSEMINATED SCLEROSIS IN CHILDREN.—The absence of any mention of this affection in the leading text-books on the diseases of childhood has induced M. Marie to investigate the literature of the subject, and the result of that inquiry is the collection of fourteen published cases in which a diagnosis of disseminated crebro-spinal sclerosis had been made in children. The majority of these have been recorded in this country; a large proportion of them will be found in our pages during the years 1877 to 1879. The characteristic symptoms are the same as in adults, the most important being trembling on voluntary movement, usually first noticed in the legs, and generally accompanied by exaggeration of the tendon reflexes. Strabismus and nystagmus were frequently present; and affections of speech were almost constant, the speech becoming slow, monotonous, and measured; occasionally trembling of the tongue was noticed. A certain amount of mental disturbance was usually present, *e. g.*, irritability of temper, impaired memory, or weakened understanding. Epileptiform or apoplectiform seizures were present in some of the cases. Affections of common sensation were but seldom present. In most of the cases the disease came on

quite early (about the age of four years), and in one or two may have been congenital. We should exclude M. Charcot's patient altogether, as the patient was fourteen before any symptoms were recognized, and it therefore can not fairly be grouped with cases in which the disease commenced in childhood. In several instances the disease seemed stationary, in some was slowly progressive; in one instance the patient completely recovered, but had a relapse afterward consequent upon a fright. In only one case did death occur. The patient in this instance was a girl of fourteen, who had first presented symptoms of nerve disorder seven years previously, strabismus, diplopia, and left facial paralysis being the first indications. Two years later, paralysis came on, and became general, but was not persistent. Mental changes commenced about the same period, and from this time the intellect progressively deteriorated. There was marked incoördination of movements before her death, but no evident muscular wasting. On examination there was found increased resistance of the brain substance, due to affection of the central parts, and not of the cortex, the whole of the corona radiata being involved and altered in consistence; the crura cerebri, crura cerebelli, and pons were also more resistant than natural, and this was more marked on the right side than the left. In the spinal cord the posterior columns were most affected, and next the lateral. Microscopically, a process of sclerosis was found to be going on in the affected areas, and it was especially noted that the changes were most obvious around the blood-vessels, which themselves had undergone some cell-infiltration. The writer is of opinion that the irregular distribution of these patches of sclerosis justifies him in considering the case to be one of disseminated rather than diffuse sclerosis. M. Marie has endeavored, in the paper we have been analyzing (*Revue de Médecine*), to show that disseminated cerebro-spinal sclerosis may occur in children with the same symptoms and pathology as in adults. We feel bound to confess that we do not think he has succeeded in proving his position. Out of the fourteen cases he has collected, only one proved fatal, and there was

found a diffuse, or at any rate a wide-spread, irregular sclerosis of the white matter of the brain and spinal cord, the gray matter apparently being uninvolved. This is not quite in accordance with what is usual, nor do we consider that the symptoms and course of the disease in many of the cases were such as would exactly tally with a case of disseminated sclerosis. These cases, however, appear to us all to belong to the same group, but we consider that further pathological evidence is required before they should be classed as of the same nature as disseminated sclerosis in adults. (Med. Times and Gaz.)

#### USE OF CACTUS GRANDIFLORUS IN CARDIAC AFFECTIONS.—

Dr. O'Hara, in the Medical News, says he was called to see E., aged seventy-four, May 19, 1883, who had bronchitis and some edema of the lungs; his feet were slightly anasarcous; there was no kidney difficulty, though he passed but little water; he had a mitral regurgitant murmur; some irregularity of the heart's action; occasional intermission; pulse ninety; he had arcus senilis and atheromatous arteries. The diagnosis was dilatation and failing heart, compensation gone by. He was given digitalis, iron, and nux vomica. He became more swollen generally, had orthopnea, suffered very much, heart becoming very intermittent on the least effort. The treatment was kept up, with addition of saline laxatives for extreme costiveness. He was going downward daily, and on June 22d the pulse was very intermittent, and only thirty-four beats to the minute; very water-logged in the lungs and over whole body. Thinking that he could be no worse off with any other medicine, and recalling the fact that I had seen, in Flint's Clinical Medicine, the statement made that the cactus grandiflorus, in from three to five minim doses, is a valuable heart tonic, I concluded to give it a trial. I ordered it in five minim doses of the fluid extract (Parke, Davis & Co.) every four hours. In a few days every symptom improved, the dropsy disappeared, he could lie down at night to sleep. He has been taking the medicine now for five months—the last month fifteen minims, three times daily,

with marked improvement; the dropsy has left him; he has the mitral murmur yet, and some irregularity, but rarely an intermittent pulse.

On another occasion (in a patient similarly affected) I used digitalis, and it failed me. Rev. Mr. V. has hypertrophy with dilatation, commencing mitral degeneration, also commencing aortic valve disease; has pronounced mitral valve regurgitation; he had violent palpitations, irregularity of pulse, and intermissions; pulse between forty and fifty. Here, I am satisfied, digitalis and convallaria aggravated matters, while the cactus relieved the pain, stimulated the heart, and removed irregularity. The heart never comes up above fifty to the minute, but the horrible feelings of death, with the sudden stoppages, are relieved.

In the case of Mrs. L.—dilatation, with failing heart from age, sixty-five years—I have used nothing else, and it has satisfied me. This person had vertigo, anemia of the brain, dropsy, etc., all due to the failing heart; and the use of cactus inclines me to think that it was a good cardiac tonic.

I introduced cactus because I have found it to have been little used. Many physicians, if they have like experience to mine, must recall the fact that digitalis at times disappoints them, and I would ask them to try this under those circumstances as a substitute. Of course, I have not had much experience with it and I would like the result of my experience to be confirmed by that of others.

There are two preparations—cactus grandiflorus (night-blooming cereus) and cereus Bonplandii—of apparently same qualities, the latter of which I have made no use.

My limited experience goes to show of cactus grandiflorus:

1. That it is a pure cardiac tonic, whether for functional or organic disturbances, especially in cases of mitral regurgitant disease.

2. Convallaria, though not of service in cases accompanying mitral regurgitation, appears to be a supplement to digitalis, not replacing it; specially serviceable in backward distention of the



lungs, from mitral obstruction, and a tonic for nervous and functional diastole of heart.

3. Belladonna and strychnia will frequently serve to substitute digitalis.

4. Caffeine citrate has been found to be of no effect in my experience for heart affections, functional or organic.

TREATMENT OF CARCINOMA OF THE CERVIX.—Dr. Karl Pawlik (*Weiner Klinik*) has in this monograph thoroughly studied those cases of carcinoma of the cervix which have been operated on in the first gynecological clinic at Vienna by the galvano-caustic wire. As regards this method of operating the author by no means advocates it as the best. On the contrary he thinks the knife and scissors equally good methods. He has, however, found the results to be so satisfactory with this method that he publishes these statistics with the hope that the publication of large numbers of cases operated on by other methods may lead to a comparison of the ultimate results, and some more definite idea of the relative value of the different methods of operating. His main reason for preferring the knife to the galvano-caustic wire is the complex character and expense of the instrument which make it practically useless outside of large institutions. Hemorrhage, he claims, can be as perfectly controlled by one method as the other. When the disease is high up in the cervix the knife can reach it better, and the author justly says it would be very short-sighted in so grave a disease as carcinoma to depend exclusively on one or the other method. He lays considerable stress upon the value of the slough, and would have cauterization follow the operation with the knife.

The cases cited show that the simple amputation of the cervical disease is followed by better results than the extirpation of the uterus, as it seems probable that in many cases the disease if left to itself spreads into the body of the uterus, when the extirpation of the whole organ as a prophylactic measure is unnecessary. In deciding which operation is best there is one point upon which the author justly lays weight, namely, that it

does not always follow that because we find thickening in the neighborhood of the uterus and enlarged glands they are necessarily the result of infection. They may be simply the result of irritation, and post-mortem examinations have demonstrated this.

The following are the results of the one hundred and thirty-six cases which the writer has collected:

Ten cases died in the hospital; one almost four months after the operation from recurrence of the disease; one case twenty-five days after operation from marasmus; eight after the operation; three of anemia; and five of peritonitis.

Twenty-two cases could not be found; of two, however, it was known that they were in good health two years after the operation.

Sixteen cases left the hospital not cured.

Twenty-one cases died outside the hospital; sixteen of these had in all probability a recurrence of the disease, one after three years; one had a return near the uterus two years after the operation, the cicatrix remaining unaffected; three died of tuberculosis; for the rest the cause of death was unknown.

Twenty-two cases had a recurrence of the affection, but it was not possible to discover when they died. Among them was one who remained in good health for six years, and one for nineteen months. Two had carcinoma outside the uterus, the cicatrix remaining unaffected.

Two died in childbed, without recurrence, one seven and one half years, and the other one year, after the operation.

Thirty-three cases were in good health:

One, . . . . .	19½	years after the operation;
Two, . . . . .	12	years after the operation;
Three, . . . . .	8	years after the operation;
Three, . . . . .	7	years after the operation;
Three, . . . . .	5	years after the operation;
Two, . . . . .	4	years after the operation;
Five, . . . . .	3	years after the operation;
Seven, . . . . .	2	years after the operation;
Seven, . . . . .	1	year after the operation.

The author then gives a description of the method of operating and some of the complications. The peritoneal cavity was

opened thirty-nine times in the posterior cul-de-sac, and once both in front and behind. Four of these died, two of anemia, and two of peritonitis.

Hemorrhage occurred during or immediately after the operation six times; checked five times by iron cotton, and once by the actual cautery. In thirteen cases secondary hemorrhage occurred; in three vesico-vaginal fistulæ, one of which was due to a rapid recurrence of the growth. In two cases only did parametritis follow. (Boston Medical and Surgical Journal.)

TWO CASES OF CHOLO-CYSTOTOMY, WITH RECOVERY: MARTIN BURKE, M. D., NEW YORK.—The cases of successful incision of the gall-bladder are not, I believe, so numerous that the report of two cases would be without interest.

James W., eighteen years of age, came to my office in the month of October, 1881. He entered almost crouchingly, and said he had a severe pain in his belly whenever he stood erect. I examined his abdomen, and found that almost under but to the right of the ensiform cartilage there was a small fluctuating tumor, painful upon pressure, and of the size of a duck's egg. The boy was jaundiced, but not markedly so, and his bowels appeared to move, although constipation had immediately preceded this attack of pain. His fever—and he had some fever—was not pronounced. The abdomen, save where the tumor existed, was free from pain upon pressure, and I diagnosed an abscess of either liver or gall-bladder. The boy's pulse, however, being strong, I felt inclined to think it was a suppurating gall-bladder, and this afterward was found to be the case. I ordered the boy home, told him to go to bed, to poultice the tumor, and prescribed quinine and opium. As I was leaving town the next day, I directed my friend, Dr. Kearny, to see the boy and to do what his judgment dictated. He agreed with my diagnosis, and resolved to cut immediately, which he did during my absence, and reported that a large quantity of bile and pus came from the incision. About a week after this, I was astonished one morning to see the boy come

into my office, and upon examining the fistula left by the knife I found I could pass in a probe for about three inches, but as it then commenced to bleed I desisted. I saw the boy once again after this, and his fistula was entirely healed.

Mrs. K., aged fifty, was seized about a year and a half ago with a violent pain in the right hypochondriac region. The pain was severe, and this region was terribly sensitive to the touch, but rest, opium, and poultices relieved the pain until it was bearable. Yet sensitiveness upon pressure was marked, and this continued until blistering and leeching had been tried repeatedly.

At length, indeed, Mrs. K. was convalescing, but her health was not entirely restored. In May, 1883, she was taken with a similar attack, when I was again asked to see her.

This time leeching, blistering, and poulticing failed to reduce the sensitive spot, and indeed it appeared slowly to enlarge its limits and to become more painful. Continued applications of cantharidal collodion and poulticing were now regularly applied, and my father and myself resolved to open this enlarged and tender spot when we thought it safe to do so. Accordingly, about eight weeks after the beginning of the second attack, we opened an abscess from which were discharged fifty gall-stones, whose combined weight was one hundred and thirty grains. The poulticing was continued, and the wound washed out thoroughly every six hours. Our patient had some fever following the operation, but none to occasion alarm. A drainage-tube was kept in for three days only, when I removed it. I may remark that after about a week of continued convalescence the patient lost all appetite; this was restored by the use of the wine of Mariani, which I believe contains coca.

Henceforward all went well, and Mrs. K. is now entirely well. At no time was she jaundiced. At no time did she lose courage, and her abiding faith in her medical attendants during the long, weary course of her illness made her case entirely free from the usual small anxieties which attend such cases. Such, then, are these two histories: one in a young male, one in a middle-aged



woman. Severe pain noticed in both. In neither did a distinct chill occur, although in both pus occurred in large amount. In neither case was jaundice noticed to any extent. The first case had good history. In Mrs. K. a rheumatic diathesis existed.

As regards differential diagnosis between abscess of liver and abscess of gall-bladder, I find the following characteristics: In this climate abscess of the liver follows, I think, either typhus fever or exhaustion consequent upon prolonged hard drinking. The tenderness in abscess of the liver is much further from the median line in the hypochondriac space than is the case in abscess of the gall-bladder. A prolonged chill or chills, very marked, usher in abscess of the liver; this was not the case in these two examples of the other disease. The constitutional disturbance is more marked in liver trouble. In both cases I should advise early incisions. I have the records of three cases of liver abscess, all fatal, in two of which I was so strongly advised by the consultant to aspirate that I did so, and delaying free incision until some days after, had occasion to regret it most bitterly. (Medical Record.)

JEQUIRITY.—Dr. A. A. Foucher, from a study of fifty-one cases in which jequirity was used, concludes that: (1) Jequirity inflammation has different degrees of intensity according to the state of the patient and the manner of using the drug. (2) The type of inflammation appears to be measured by three factors: abundant secretion of liquid resembling muddy water; a grayish glazing of the conjunctiva, and palpebral edema. (3) Jequirity inflammation has more of a croupous than a purulent character. (4) It tends to spontaneous cure when the applications are discontinued. (5) In the majority of cases it passes off in from fifteen to thirty days. (6) Corneal or other complications are only to be feared in the bad cases in which the drug is left in substance in the eye, or when the infusions are very concentrated and too frequently employed. (7) It does not appear to have any evident influence on the progress of corneal ulcers or abscesses. (8) Fresh solutions are preferable to old. (9) Cold

infusions appear to be most active. (10) Powdered jequirity placed on the palpebral conjunctiva has a prompt and efficient action, provided it is not left in the eye after the lids are washed. (11) Jequirity cures true granulations, pannus, and papillary hypertrophy following chronic inflammations. (12) It is more efficacious in the non-inflammatory and chronic, than in the acute stages of these diseases. (13) The curative effect may be appreciable after a few days, but usually does not appear for a month or two. (14) It rapidly cures old, inveterate cases of trachoma and pannus. (15) It is easily used, and exempt from danger in prudent hands; and is rarely painful. (16) In some cases it is necessary to make several successive attempts to use it. (17) Cicatrices of the conjunctiva are very hard to deal with under its use. (18) It is not necessary to place the patient in a dark room during the treatment. (19) An eye which has already been subjected to jequirity ophthalmia may be again attacked, and more severely than the first time. (20) Inflammation should be produced at once, else the drug may be inefficient. (21) The acute stages of corneal and conjunctival inflammation may be benefited by its use. (22) The powder contained in macerations heated to boiling loses its effect when subjected to a second maceration at a low degree of temperature. (23) Salicylic acid, two grains to one ounce of water, does not appear to decrease the effect of jequirity. (24) The preparation most preferable seems to be a very fine powder applied to the conjunctiva, and then immediately removed; and cold macerations of seven grains to four ounces of water. (*L'Union Méd. du Canada*; *Med. News.*)

MASSAGE—Massage may be used in the following diseases with good results: (1) Contusions and sprains of the soft parts and the bones without breach of continuity. (2) Diseases of the joints of all kinds, both peri-articular and intracapsular, bloody or serous exudations and extravasations, false ankylosis, white swelling, rheumatism of joints, gout, especially also the so-called neuroses of the joints. (3) Rheumatic affections of the muscles, tendons, and fasciæ, as well as hyperesthesiæ and slight circulatory dis-

turbances in the muscles. (4) Connective-tissue indurations, cicatrices, contractures, scleroses, inflammations of the sheaths of the tendons. (5) Paralysis following spinal diseases and after wounds, infantile paralysis, chorea minor, sciatica, commencing tabes, neuralgias, and writer's cramp. (6) Dyspepsia, chronic constipation, and hemorrhoids. (7) Chronic inflammations of the uterus and ovaries. (8) Catarrhal inflammations of the larynx and pharynx, both acute and chronic.

Recently massage has been tried with success by ophthalmologists. It has been used with good results by Pagenstecher in episcleritis and parenchymatous keratitis, and by D. Graham (Boston) in muscular asthenopia.

In edema from the heart and kidney diseases, temporarily good results have been observed. In two cases of elephantiasis arabum, a six weeks' employment of massage effected an improvement. The combination of massage with gymnastics, consisting of active, passive, and double active movements, with the overcoming of resistance is very convenient. Further, during treatment patients must be allowed all possible use of their limbs. This is pleasanter to them than forced rest, and improves their general condition through restoration of tissue-changes. The latter is further favored, and the effect of the massage increased, through warm and hot baths with blankets, producing a profuse perspiration, and afterward followed by a cold douche.

In the Russian and Turkish baths, the attendants are accustomed to knead and rub the whole body and make flexions and extensions of the limbs. Although these procedures produce an agreeable sensation, and in general may be of use by exciting the activity of the muscles, and at the same time promoting tissue-changes, yet in diseased conditions less may be expected from these manipulations if they are exercised without direction. Especially, these masseurs are accustomed to rub along the periphery, which prevents instead of favoring the resorption of the pathological products. Besides, a steam-bath can not be taken before every massage manipulation, which should generally be made once or twice a day.

On the contrary, massage exercised according to scientific principles has been followed by very surprising results. These are communicated as especially remarkable by Eulenburg, the very distinguished director of a long-established gymnastic and orthopedic institution. (Dr. Heilbrunn, in the *Med. News*.)

**SULPHUROUS ACID IN SCARLATINA MALIGNA.**—Dr. Keith Norman McDonald, writing to the *British Medical Journal*, denies the prevalent opinion that no reliance can be placed on any drug in cases of scarlatina, and does not hesitate in affirming that when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy that we possess. He continues, "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that of all remedial measures in this disease it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say about six years of age, ten minims of sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous-acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid in severe cases, or equal parts of the acid in water, according to the severity of the case. Sulphur should be burned in the sick-room half a dozen times a day, by placing flower of sulphur upon a red-hot cinder, and diffusing the sulphurous vapor through the room until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine can not be swallowed, this and the spray must be entirely relied upon; and the dark sordes that collect upon the teeth and lips should be frequently laved with a solution of liquor potassa permanganatis of the strength of about one dram to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses



in a separate mixture with the chlorate of potash, and equal parts of the same with glycerine should be applied locally with a camel's hair brush several times in the day; but as in the majority of cases among children it is next to impossible to use a local application more than once, the spray and permanganate solution will prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and can not be taken well by children; carbolic acid has the same fault, and can not be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet-sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpin is a remedy that may give good results hereafter, but I have had no experience in its use." (N. Y. Med. Jour.)

REMARKABLE CASE OF OBSTETRICS; ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TIME.—Drs. Edwards and McTaggart, of London, Ont., report the following case to the Canada Medical Record:

On the 21st of July, 1883, we were called to see Mrs. S. of this city: patient of small stature, English by birth, age thirty-eight, average weight one hundred pounds, height five feet one inch. She is the mother of four living children, two boys and two girls, aged twelve, ten, eight, and seven years. There was nothing unusual at any of her previous confinements, never had a miscarriage before.

On abdominal examination we found the abdomen extremely enlarged and pendulous. We advised support from the shoulders. She told us that she was but five months *enceinte*; but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; her menses being regular. She last menstruated on December 4, 1882; about seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling a labor pain something was expelled

which she described as a lump of flesh with blood-vessels in it. To this "lump" was attached a short string. At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine which he said would check the flow and cause the expulsion of any thing that might remain. From her account the flow increased for a few days, then finally stopped. From this time until Friday, the 14th September, 1883, she has been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the evening of this date (Friday, 14th September), she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. Weight of males, four pounds nine and one fourth ounces, and four pounds three ounces; females, four pounds six ounces, and three pounds thirteen and three fourths ounces. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, each cord being inserted at different parts of its surface. The quartette are now six days old, all healthy, able to nurse, and bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child.

We might here say that the father, Mr. C. S., is English by birth, age forty-one, height five feet six inches, and average weight one hundred and sixty nine pounds, is a strong, healthy, and robust man.

**NEPHRECTOMY BY ABDOMINAL INCISION FOR FLOATING KIDNEY.**—Dr. Gill Wylie presented to the New York Pathological Society a kidney removed from a patient whom he saw in the country in August last. She had been treated for uterine and ovarian disease, but these organs were not found to be affected. The patient had for some time suffered extreme pain in the right side, calling for chloroform in addition to opium as an anodyne. At the age of fourteen she had had pneumonia, but there were

at present no signs of pulmonary disease, nor was there a family history of this affection. She was thirty-four years old, the mother of four children. In the dorsal position nothing abnormal was discovered, but when the patient assumed the upright posture she complained of pain, and remarked that she thought the doctor would then be able to feel a tumor in the abdominal wall. A floating kidney was then recognized, and was supposed to have caused pain by becoming strangulated. It was extirpated through an abdominal incision to the right of the umbilicus, the peritoneum being opened a distance of three inches. The vessels were ligatured with silk and the abdominal wound closed. The patient did well. The temperature rose but slightly. Twenty-four ounces of urine were secreted daily, at first, and at present about thirty-six. The stitches were removed on the eighth day. The patient suddenly sprang from the bed, in a dream, and caused partial separation along the line of union, and some hemorrhage took place; but, aside from this accident and a small abscess in the abdominal wall, she was doing fairly well. Pain disappeared from the right side. There was now slight pain in the region of the left kidney, but of rather an indefinite kind. The urine had formerly contained albumen and pus, and it at present contained some pus, pointing to possible affection of the left kidney, but possibly to some degree of suppuration in the ligatured ureter. The left kidney was in its normal position. Dr. Welch examined the organ removed, and found it the seat of tubercles and the bacilli tuberculosis.

DISINFECTION OF THE STOOLS IN ENTERIC FEVER.—The importance of the thorough disinfection of the stools in enteric fever is, to those who believe in it at all, so great, and its practical results in the control of the extension of the disease are so manifest and direct, that any additional data as to the best methods of employing disinfection can not fail to be of interest. On the other hand, there are quite as many other physicians to whom the subject appears to have no importance whatever. These latter either do not believe in the necessity of the

disinfection of enteric fever stools, or else they regard it as of so slight moment that it matters not practically whether it be attended to or not, or finally, while professing to recognize its importance, they adopt in practice imperfect or incomplete measures to accomplish it. Indeed, it may be regarded as the exception to the rule, rather than the rule, both in private practice and in hospitals, to systematically and thoroughly disinfect every stool, even in well-characterized cases of enteric fever. To both of these classes of physicians it can not but prove of advantage to read the excellent paper on this subject published by Dr. James C. Wilson in the American Journal of the Medical Sciences for April, 1883.

He shows that although the nature of the germ that gives rise to enteric fever is unknown, many facts in its natural history are established by abundant proof. Of these, the following have a direct bearing upon this subject: (1) It is invariably derived from a previous case of enteric fever. (2) It is eliminated with the fecal discharges. (3) It is not capable of producing enteric fever at once in susceptible persons exposed to it, but must undergo changes outside the body before it acquires this power. (4) It retains its activity in favorable situations for a lengthened period, the requirements to this end being decomposing animal matter, especially fecal discharges, and moisture. (5) In such situations it is capable of reproducing itself. These facts indicate the true measures necessary to prevent the spread of the disease, the efficient prophylaxis.

CARDIAC HYPERTROPHY AND RENAL ATROPHY.—Drs. Brigidi and Pacinotti (*Lo Sperimentale*) conclude that cardiac hypertrophy in interstitial nephritis is caused by the limitation of the circulatory field, by the greater functional activity of the remaining renal parenchyma, not yet destroyed by the morbid process, and by, as an accessory element, the irritation of the vessels caused by urinary principles circulating in the blood. While the chemical theory has been seemingly confirmed by experiment (Grawitz and Oscar Israel), these experiments admit of



another interpretation. Oscar Israel produced hypertrophy of the heart in rabbits by administration of urea and potash nitrate (Virchow's *Archiv*, 1881). But these, having an elective action to the kidneys, must determine in them a greater afflux of blood than normal, to respond to the irritation of the parenchyma. This afflux of blood must result in greater blood-tension in the renal arteries, which, if the action were long continued, would cause cardiac hypertrophy. In the same way may be explained cardiac hypertrophy after the removal of a kidney; before equilibrium can be established by augmentation in volume of the other kidney, so much time must pass that the heart becomes hypertrophied. The cardiac hypertrophy in pregnancy is, Oscar Israel admits, due to the increased function of the heart itself for the excretion of the materials of organic reduction, increased by the presence of the fetus *in utero*. The mechanical theory is much more plausible, by which the hypertrophy is attributed to the force which the heart exerts to overcome the resistance produced in the circulation by the great abdominal vessels of the pregnant uterus. Lewinski (*Zeitschr. für Klin Med.*, Band i., p. 501) obtained renal atrophy, and subsequently cardiac hypertrophy after diminishing by half the caliber of the renal arteries, by means of an incomplete ligature. In this case the blood contained 0.039 per cent of urea. Hence the cardiac hypertrophy could not be referred to irritation provoked by excess of urea in the blood.

THOMSEN'S DISEASE.—This singular affection, called by the name of the physician who first observed it in himself and his family, can at present, thanks to the investigations of Thomsen, Leyden, Seeligmüller, Westphal, etc., be considered as a distinct disease, whose nature, however, still remains to be found; for, until now, microscopical researches have given a negative result. According to Thomsen, it is of psychical nature; but Westphal considers it as a congenital disorder of the muscular tonicity, and Jacusiel as a congenital muscular hypertrophy. The disease is essentially hereditary, and follows other abnormal nerv-

ous manifestations. All the cases were congenital. The chief symptom is a spasmodic stiffness of certain muscles, appearing at the beginning of a movement. After the muscles of the legs have been at rest for some time, and the patient tries to get up, he feels suddenly a stiffness in the articulations of the legs, which are fixed by a tetanic contraction. This same stiffness shows itself also after violent muscular exercise, after certain complex movements, dancing, etc.; or after an unexpected sensation: when the patient is running, for example, if his foot comes into contact with a stone, it becomes rigidly fixed, and the patient stumbles, sometimes before he is able to save himself with his hands. M. Greffier, in the "*France Médicale*," insists upon the important fact that the contraction only comes on at the beginning of a movement. When the movements have been repeated a certain number of times, the contraction disappears. It may be observed, also, in muscles supplied by cranial nerves, as in those of the tongue, face, and orbit. According to Thomsen, imagination and cold can produce the spasm, which disappears by a repetition of the movements. The sphincters are never implicated. The muscular hypertrophy may be absent; the muscular power, tendon-reflexes, sensibility of the skin, and electrical irritability of the muscles are normal. It is, therefore, difficult to mistake this disease for locomotor ataxy or pseudo-hypertrophic paralysis; the latter is a true paralysis, and the former is characterized by permanent stiffness, abnormal excitability, excess of the patellar tendon-reflex, and, finally, by symptoms of spinal epilepsy. (British Med. Jour.)

INTESTINAL OCCLUSION DUE TO A BILIARY CALCULUS WEDGED INTO THE RECTUM.—This occurred in a woman fifty years of age, admitted to the service of M. Vulpian, at the Hotel Dieu. She died six hours after admission, the clinical history being very incomplete. There was great debility, feebleness of mental powers, facies expressive of suffering, temperature normal, pulse small and lowered, abdomen tympanitic, very much distended, the intestinal folds impressed on the abdominal walls, and pain

on pressure of the abdomen. Marked dyspnea, and the patient declared that for four days the bowels had not been moved and very little urine had been passed. Catheterism found the bladder empty. On post-mortem examination all the intestinal folds were found to be distended, the distension extending to the superior portion of the rectum. At the junction of the superior and middle portion of the rectum a regularly shaped hard body was felt through the walls of the intestine, which was so wedged in as not to be movable. On opening the rectum this was found to be imprisoned by the intestinal mucous membrane, which was tumefied, but not ulcerated. The body was cylindrical in shape, two and one half centimeters in diameter and one and one half centimeters in height; it was composed of cholesterine. The whole of the large intestine was filled with fecal matter and two little calculi of cholesterine were also found. The gall-bladder adhered to the transverse colon, where there was a very large ulceration putting the two cavities into direct communication. The ductus communis choledochus was little larger than normal, but contained no calculi. (*Progrés Med.*)

RUPTURE OF THE HEART.—Dr. Ferguson presented to the New York Pathological Society, two hearts the seat of rupture. The first specimen was from a man about fifty years of age. He had suffered from an attack of dyspnea, and about two hours afterward, having gone to the water-closet, was found dead. At the autopsy the body was found well nourished, and there was no edema. The kidneys were markedly atrophied, giving the usual signs of diffuse nephritis. The lungs were congested and edematous. The pericardium was distended with pure blood. The heart was normal in size; the walls were the seat of degeneration; the left ventricle was ruptured near its apex a distance of three quarters of an inch.

The second case was that of a man, forty-four years of age, who in September last sustained an injury on the dorsal aspect of the left hand; the soft parts were torn off and the flexor tendons exposed. The wound was dressed antiseptically, and did

well for three weeks, when tetanus developed; the patient suffered greatly from dyspnea, and died in a convulsion. The pulse had been strong and regular, slightly faster than normal, the temperature  $99^{\circ}$  to  $101.6^{\circ}$ , the respirations 40 to 50. At the autopsy the brain and spinal cord were found intensely congested, the lungs congested and edematous, the pericardium containing one hundred cubic centimeters of blood, the cavities dilated, the ventricular walls thin, the muscular tissue brownish, and the valves competent, with a few small patches of atheroma in the mitral valve. There was an opening in the right ventricle large enough to admit an ordinary probe. The walls around it were about a line in thickness. One was, therefore, a case of rupture of the heart, the seat of myocarditis, with marked diffuse nephritis, and the other of rupture in the convulsions of tetanus, the heart being normal.

CASE OF HYPODERMIC TRANSFUSION OF BLOOD.—Dr. Paladini relates the following case in the *Gazette Med. Italiana-Lombardia*: A woman forty-eight years of age was reduced to a condition of extreme anemia from a long-standing menorrhagia. She had frequent faintings, although in the horizontal position; was unable to take food of any kind, and, in Dr. Paladini's opinion, transfusion was urgently called for on account of her very exhausted state. As the patient lived in a remote village where appropriate instruments could not be obtained, he resolved to perform hypodermic injection by means of a syringe having a capacity of about ninety cubic centimeters, and a gum-elastic tube, to which a trocar and canula were attached. He selected the skin of the abdomen, because this was lax enough to be raised in large folds and to receive a considerable quantity of blood. The woman's husband having furnished about two hundred grams of blood, two syringefuls were successfully injected into the subcutaneous tissue, at four fingers' breadth to the left of the umbilicus, care having been taken to force the trocar far enough in to insure a sufficient space for the reception of the blood. When the blood had been injected a salient projection



about the size of an egg could be felt there. It was calculated that at least one hundred and thirty grams of blood had been injected. No pain or other inconvenience was caused by the operation, and in about two hours the tumefaction had disappeared. The next day the uterine flow, which had continued, in some measure decreased, and the patient was able to take food and enjoy some sleep. Two weeks afterward the patient was slowly recovering, but only just able to leave the bed, so great had been her prior exhaustion. Dr. Paladini is encouraged to hope from the marked success which attended this hypodermic injection that so easy and innocuous a mode of performing transfusion will hereafter be resorted to frequently. (*Medical Times and Gazette.*)

OPENING THE CHEST IN EMPYEMA.—In a paper presented to the British Medical Association, Dr. Eddison tabulates forty cases of opening of the chest for empyema occurring in his own service and that of his colleagues at the Leeds Infirmary. He summarizes the conclusions which he thinks are supported by these cases in the following way: Children and young people do much better than adults. The duration of a case before operation has, on the whole, an unfavorable effect in proportion to its length. A very large amount of pus has a distinctly bad effect. Anesthetics, ether at any rate, may be safely given provided the breathing and circulation are fairly good at the time. The particular point at which the chest is incised has not much importance. The contents should be allowed to escape slowly; the larger the quantity the more slowly should they be removed. The maintenance of free drainage is of the very highest importance; any accumulation of pus, owing to obstruction of the drainage tube or to any other cause, being followed by an increase of temperature and delay in the progress of the case. The use of antiseptics is worth the extra trouble; and although cases may do admirably in which no antiseptics are used, yet on the whole patients do better and seem more comfortable when they are used both for operations and dressings. Simple cases

of empyema—in which the lungs are themselves sound, and in which the other organs of the body are fairly healthy—are almost sure to do well, but it is not possible in any case to estimate its probable duration with any exactness. Cases in which fluid has re-accumulated repeatedly after having been drawn off, and especially when such fluid contains blood-cells, do badly, as a rule, though not always; in such cases it may be suspected that the lung itself is diseased, and probably tuberculous. No matter what complication is present, or what the probability of an ultimately unsatisfactory ending of the case may be, it is the duty of the attendant to incise the chest even if only for the sake of temporary relief from pain and distress.

**EUCALYPTUS GLOBULUS IN GYNECOLOGICAL PRACTICE.**—This drug is destined to play an important part in gynecological therapeutics. It is only since 1865 that its therapeutic action has been tested, and, with the cloud of new remedies constantly before the attention of the profession, it has not received the full trial which it is sure to get eventually.

Dr. Andrew F. Currier reports, in the *American Journal of the Medical Sciences* for October, 1882, five different cases of various natures in which the local application of this drug on vaginal tampons proved of the greatest anesthetic value. Besides its anesthetic effects, it is, as we know, antiseptic and antiperiodic, and hence it will be of use in that large class of cases where foul-smelling discharges exist, and also as an adjuvant in the treatment of malaria. The absorptive function of the vaginal mucous membrane has been comparatively little employed in the constitutional treatment, and this is a field which yet remains to be worked up. A daily application of this substance must have more than a local influence. It will be difficult to give treatment so frequently, excepting in hospital practice. Much better results would follow could a continuous effect of this, as well as some other means of treatment, be obtained, but the expense and annoyance and in many cases the dread of pain prevent. The very fair degree of success obtained in treat-

ing the cases described in this paper leads him to believe that in less severe cases we may feel almost positive that we can give great relief; indeed, his experience in private practice confirms that belief. In a quite different class of cases eucalyptus will also be serviceable. He refers to wounds of the breast after the removal of tumors. With the increasing favor of the open method of treating such wounds, especially when the growth removed has been of a cancerous nature, its stimulant and antiseptic properties will prove very acceptable. (American Medical Weekly.)

REMOVAL OF FOREIGN BODIES FROM THE STOMACH.—To the case of the *homme a la fourchette* and the extraction of a spoon from the stomach of another patient, described in the *Semaine Medicale*, Dr. Hagens, of Dantzic, adds a third, recently described by him in several German medical journals. The operation, however, is not recent, for this third case was performed by Daniel Schwaben, lithotomist and surgeon at Dantzic, in the early part of the seventeenth century. A countryman, in endeavoring to produce vomiting for the relief of colic, was tickling his palate with a penknife, when he suddenly let go the handle of that instrument, which was accidentally swallowed forthwith. Six weeks later Schwaben made a very free incision through the abdominal walls and the anterior part of the stomach and extracted the knife. The patient recovered, and was able, for several years afterward, to work hard in the fields, never suffering from any local symptoms. The original manuscript description of this remarkable case is in the hands of Dr. Hagens. The surgeons of Dantzic and Konigsberg appear to be the most dauntless pioneers of the desperate departments of operative surgery. Last December we had occasion to refer to an unsuccessful case of excision of a phthisical lung by a surgeon practicing in the former city. (British Med. Jour.)

CONVALLARIA MAJALIS.—Dr. Juk (Proceedings of the Kieff Medical Society) details four cases, and arrives at the following

conclusions: (1) The aqueous extract of convallaria is useful in nervous disturbances of the heart's action. (2) It does not give any constant and positive results in cases of heart disease with disturbed compensation. (It is well to add that, of the author's four cases, compensation was absent only in one of the patients.) (3) It does not increase the amount of urine. [Almost all other observers state that it does; see Professor Sée's paper in the *Bulletin Gen. de Théraputique*, July 30, 1882, and in the *British Medical Journal*, February 24, 1883, p. 368; Bianchi's, in the *London Medical Record*, March, 1883, p. 85; Troitzky's, *Ibid*, April, p. 121. Still Dr. Juk stands not alone; the diuretic action of convallaria is denied, also, by Dr. Stiller, in the *Pester Med. Chir. Presse*, 1882, Nos. 47 and 48.—Rep.] (4) The heart's action becomes slower and more regular soon after the administration of a dose, and for this reason the extract of lily of the valley may be used as a temporary sedative. (5) Convallaria does not possess any cumulative action, neither does it interfere with digestion. (*London Medical Journal*.)

COLD ALCOHOL AS AN ANESTHETIC; ITS VALUE IN THE TREATMENT OF BURNS AND SCALDS OF THE EXTREMITIES.—Dr. Roger Keys, of Philadelphia (*Medical Bulletin*) has found that alcohol at between 47° and 55° F. possesses decided anesthetic properties. The pain of burns and scalds of the extremities is speedily and entirely removed by immersing the parts in alcohol of this temperature. If this treatment be pursued in time, the formation of blisters can be prevented. The temperature of the alcohol is to be kept within the "anesthetic range" by means of ice and a thermometer. The immersion is to be continued until the pain is bearable on its discontinuance. The alcohol retains its anesthetic properties even when diluted to twenty-five per cent. Dr. Keys discovered these facts some years ago when trying to relieve the pain he was suffering from burns on his own hands. He had for years successfully treated burns and scalds of the extremities with cold alcohol. He advocates the same treatment in the case of more extensive burns of the body



and trunk, believing it affords the best means of averting death. [If "cold alcohol" really has anesthetic properties, what hinders its use in felons, contusions, and injuries of the hands and feet, and, indeed, in *all* painful affections of the extremities?] (N. Y. Med. Jour.)

ON ANESTHETICS AND THEIR ADMINISTRATION.—Mr. Osburn, the chloroformist to St. Thomas's Hospital, London, in the report of that institution for 1882, makes the following points on anesthetics, which are important enough to bear frequent quotation: Dilatation of the pupils is a sign that the anesthetic has been pushed far enough, and its administration should be discontinued. Flaccidity of the limbs is no sign of cutaneous insensibility. The inhalation of ether may produce exanthematous patches on the face and thorax. Cases have been removed from the operating table under the impression that an outbreak of an eruptive fever had begun, and that the case was unfit for operation.

The origin of this phenomena is to be found in paralysis of the vaso-motor nerves. Moreover, if genuine skin-eruption be present, it is by the same cause made more prominent.

A false impression may be conveyed when feeling the pulse, where the patient, lying upon the arm compresses the main artery. Chloroform is better for all operations about the mouth, staphylorhaphy, excision of tongue, etc., since ether not only excites the flow of saliva and increases vascularity, but, the mouth being open, they return sooner to consciousness. The element of danger is more often present in rectal operations, but whether from the fact that all *bloodless operations are dangerous in plethoric individuals*, or because diseases of the bowels are very depressing and the sensitiveness of the rectum requires a higher degree of anesthesia, is uncertain. (New England Medical Monthly.)

INOCULATION OF SCARLATINA POISON IN HORSES AND CHILDREN.—Dr. Peters reported progress from the committee appointed to investigate the question of scarlatina in horses. The

report gave the result of attempts at inoculation made by Dr. Sickler. Two colts and one calf were experimented upon. The symptoms, developed with more or less uniformity, were the following: redness of the pharyngeal mucous membrane, swelling of the glands of the neck, rise of temperature and increased pulse-rate, discharge from the nose, eruption, restlessness. Seven children, all in families in which scarlatina existed, were inoculated either by introduction of blood or scarlatinal scales from a patient sick with scarlet fever, or by inhalation of the scarlatinal exudations. The result was rapid development of scarlet fever in all but one case, in which a few days first elapsed. The symptoms were mild, and in but two cases did albuminuria appear. All recovered. Scarlet fever in horses was not generally recognized by veterinary surgeons in New York, but the disease was described in veterinary books, and was traced back as long ago as it was known to exist in man. It was not improbable that man first took it from the lower animals. A certain form of pink-eye, in which pinkness of the eye, however, was by no means uniform, was considered by Dr. Peters to be scarlet fever. In cases of doubtful origin in children, the possibility of the disease having been brought home in the clothing of the men from the livery-stables was not to be overlooked. (Meeting of the N. Y. Pathological Society, Oct. 10, 1883.)

VARIATIONS OF THE CHLORIDES IN DISEASES.—Dr. Burot read a paper on this subject before the late meeting of the French Association for the Advancement of Science, in which he showed a rapid method for estimating the quantity of the chlorides (the common method with nitrate-of-silver solution). Instead of using the graduated burette, the precipitating glass, and pipette, Burot inserts a tube, the extremity of which is in the form of a bowl, holding one cubic centimeter of urine. The urine is decanted and a small quantity of a solution of chromate of potash is added. A burette, graduated in tenths of a centimeter, is used for decanting the solution of nitrate of silver. Each division corresponds to grs. xv of the chlorides per liter.

The end of the reaction is indicated by the coffee-and-milk color due to chromate of silver.

Burot's observations lead him to admit eleven grams of chlorides per liter as the normal, ten grams being chloride of sodium, and one chloride of potassium. This proportion will vary, however, with the elimination, and with the causes which increase or diminish the secretory activity of the kidneys. It also varies in different states of disease. Diminution of the chlorides is important in view of the practical deductions which may be drawn from it. In chronic diseases, diminution only indicates feebleness of the digestive powers, unless there exists some other means of elimination, as diarrhea, dropsy, etc.

In acute diseases, the diminution is proportional to the intensity of the disease, and the disappearance of the chlorides announces the presence of serous effusions or inflammatory exudations. (*Gaz. Med. de Paris.*)

MERCURIFORM AMIDA.—Mercuriform amida is the name of the remedy which Prof. Neumann is now trying upon a large scale as an anti-syphilitic. The agent was produced early in the present year in Liebreich's laboratory, but the process of its manufacture is a secret. As received in Vienna from Berlin, it is a one-per-cent solution, and is without color or odor.

The remedy is exhibited hypodermically in quantities of 1 c.c. While the drug is efficacious in causing the rapid disappearance of syphilitic efflorescences, its absorbent effect upon scleroses is not comparable with that of mercurial inunctions.

Two very unpleasant effects have been noticed. *Pain* following the hypodermic injection is severe, of a peculiar character, and frequently lasts the entire day. In a number of cases abscesses and diffuse cellulitis of an alarming severity have been provoked. *Salivation* occurs more rapidly after mercuriform amida than after any other known form of mercury. Twelve hypodermic injections have been sufficient in a number of cases to seriously affect the gums. At time of writing, most cases of recent syphilis in Prof. Neumann's wards are being treated

either with an ethereal solution of idodoform (one to seven), or with mercuriform amida. (The Medical News.)

#### CURE OF OBSTINATE SCROTAL ECZEMA BY HOANG-NAN.—

Hoang-nan is a vegetable substance of repute in Tonquin as a remedy against rabies, the bite of venomous serpents, leprosy, and several other grave affections. It contains nearly three per cent of brucine and a small quantity of strychnine. Dr. Barthélemy relates, in the *Bulletin Général de Thérapeutique*, a case of chronic eczema of the scrotum in which this substance was employed with most happy effect. The patient, a gentleman about fifty years of age, had suffered for ten years from eczema of the scrotum, perineum, and upper and inner parts of the thighs. He had consulted numerous physicians, and had tried every conceivable remedy without experiencing any relief. Dr. Geneuil, the last physician to whom he applied, having read of the efficacy of hoang-nan in leprosy, determined to try it in this case. The patient commenced with seven grains per diem, gradually increasing to forty-five grains a day, in divided doses. While taking these large doses he felt the physiological effects of the drug (muscular tremors, trismus, and vertigo), but persevered with the remedy, and was rewarded at the end of ten days by a perfect cure of his affection. The amounts taken were larger than had been advised by Dr. Geneuil. In all five drams were taken. The patient was seen eighteen months later, and had then had no return of the eczema.

TREATMENT OF ECZEMA OF THE GENITALIA, PRURITUS, AND LEUCORRHEA.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful:

Chlorate of potassium, . . . . .	30 grains;
Wine of opium, . . . . .	50 grains;
Pure water, . . . . .	1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of



lime. In obstinate pruritus, associated with leucorrhea, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar-water (tar-water holding the iodine in solution), used daily, night and morning, removes the pruritus and ameliorates the leucorrhea. In fetid leucorrhea two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful:

Chlorate of potassium, . . . . .	13 parts ;
Wine of opium, . . . . .	10 parts ;
Tar-water, . . . . .	300 parts ;

Or,

White vinegar (or wine), . . . . .	300 parts ;
Tinct. eucalyptus, . . . . .	45 parts ;
Acid, salicylic, . . . . .	1 part ;
Salicylate of sodium, . . . . .	20 parts.

One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day. (Obstetric Gazette.)

**FATTY STOOLS IN DISEASE OF THE PANCREAS.**—Doctor Ziehl records a case of cancer of the pancreas occurring in Professor Erb's clinic at Heidelberg. The case itself presented no unusual features, but the predominance of gastric symptoms suggested the stomach as the seat of the disease, which was marked by the appearance of a painful tumor in the left side of the epigastrium, and by jaundice. The motions were of a peculiar silvery-gray color, and found microscopically to consist in great part of masses of acicular crystals soluble in ether; chemical analysis showing the stools to be composed of fat to the extent of half the solids. On dissection there was found a large scirrhus cancer of the pancreas, which had invaded the walls of the stomach and duodenum, and occluded the common bile-duct. The pancreatic duct was dilated and distended except at its termination, which was lost in the cancerous mass. The writer, after saying that the case illustrates the well-known fact of pancreatic disease being marked by the occurrence of fat in the stools, shows that the form in which the fat occurred in this case was

exceptional, almost requiring the microscope for its detection, whereas it usually occurs in amorphous masses recognizable at once, and not in crystalline form. He further shows, by reference to cases recorded by Friedreich, Nothnagel, and Gerhardt, that when fatty crystals in excess are present, there is not only pancreatic disease, but also occlusion of the bile-duct, the last-named author finding crystals resembling tyrosin and leucin in a case of catarrhal icterus. (The Lancet.)

**SANTONIN.**—Dr. Lewin advises to give santonin only in solution; and shows that in that form it reaches the small intestines more surely, is not absorbed too quickly, and is more destructive to the round worm (*ascaris lumbricoides*) which inhabits the small intestines, than when given in any other form. He mentions several prescriptions, of which we select the two following:

R. Santonini, . . . . . gr. iij;  
 Ol. ricini, . . . . . f. ʒss;  
 Ol. cinæ. eth., . . . . . gtts. iv.

Sig. A teaspoonful two or three times daily; or, if elastic capsules can be taken,

R. Capsul gelatin. elast.,  
 Santonini, . . . . . gr. i;  
 Ol. ricini, . . . . . f. ʒi;  
 Ol. cinæ. eth., . . . . . gtt. i;  
 Reple., . . . . . No. iv.

Sig. One to be taken two or three times daily.

Santonin is also useful for the long thread-worm (*trichocephalus dispar*) which resides in the cecum, and the thread-worm or seat-worm (*oxyuris vermicularis*) which inhabits the colon and rectum; it must there also be given in oily solution, but as an injection per rectum. (*Berlin Klin. Woch.*)

**CANCER OF THE MALE BREAST.**—Mr. W. Roger Williams reports a case that occurred in the Middlesex Hospital, London. The patient was sixty-four years of age; there was no family history of cancer, tumor, or phthisis, and it was not of traumatic origin. After operation, erysipelas set in, and the man died on

the nineteenth day, with pulmonary complications and an asthenic type of fever.

Cancer of the male breast is a very rare affection. Walshe found (*vide* "Nature and Treatment of Cancer," 1846, p. 467) that the Paris registers for ten years supplied one thousand one hundred and forty-seven deaths from cancer of the breast among the female population, and only five among males—the liability of the former being, therefore, about two hundred and thirty times that of the latter. Sir James Paget, however, in his "Lectures on Surgical Pathology" (vol. ii, p. 324), gives two per cent as about the proportion of cases of scirrhous of the breast that are males. I think this latter estimate greatly exaggerates their frequency. Out of two hundred and ninety-seven cases of cancer of the breast admitted into the Middlesex Hospital, during the last eight years, there has not been another example of this kind. (Med. Press, July 11, 1883.)

HERPES OF MALARIAL ORIGIN.—The following are the conclusions arrived at by Drs. Verneuil and Merklen in a recent memoir: (1) Herpes is one of the frequent manifestations of the paludal poison. (2) The eruption may precede the onset of intermittent fever or occur during any one of the three stages of the attack. It may even show itself after the fever has been subdued by quinine. There is then no etiological correlation between herpes and fever, notwithstanding their frequent coincidence. This proposition is important, maintaining, as it does, that herpes is not a result of the high temperature, but is, like the fever itself, a result of a more general cause, viz., the malarial poison. Hence we find a new class of skin diseases, the *paludides*. (3) Malarial herpes presents no special characteristics. Its most usual seats are the borders of the lips, the edges of the nostrils, and other parts of the face most richly supplied with nerves. (4) The black crusts, or at least the black vesicles of herpes seem to belong to the pernicious forms of malarial fever. (5) In exceptional cases, paludal herpes shows itself in the form of zona. (6) In its most common forms it may be preceded

and accompanied by vaso-motor troubles and disturbances of sensibility of the skin about it. The cause of the eruption seems to reside in a nervous lesion, perhaps in a congestion of the cutaneous nerve-branches, resulting from a localization in these nerves of the paludal poison. (*Journal de Médecine de Bruxelles.*)

INFANTILE MENSTRUATION.—A very remarkable case of menstruation is reported by Dr. Vanderveer, Albany, N. Y., in the American Journal of Obstetrics. The child began to have a regular flow when she was only four months old. At the date of the report the child is two years and seven months old and has regularly menstruated every twenty-eight days since its first appearance. She now (Sept., 1882) weighs forty-nine pounds. Features and form that of a girl ten or twelve years old. Her mammary glands are as large as a small orange. The mons veneris is well developed and covered with full growth of hair. The external labia large, and all parts of the vulva fully formed. She is bright and intelligent, but easily irritated, especially at the beginning of the menstrual epoch. Her appetite and tastes belong to a child much older. December, 1882, and January and February, 1883, she did not menstruate, and her action was very much more fretful, and inclined to be wakeful at night. March 18th it came on again as of old and has been normal since, she appearing better in her disposition.

PIECE OF CHINA CUP IMPACTED IN LARYNX.—H. W. Freeman, F.R.C.S.I. (Lancet), reports the following case: A boy, aged seven, inadvertently broke a piece off the rim of his cup and swallowed it with his bread and milk. Choking followed, with frightful laryngeal spasm, stridor, spasmodic cough and threatened asphyxia. Inverting the body and striking the back having no effect, and it being impossible to detect the fragment with finger or curved forceps, chloroform was administered with a view to the performance of tracheotomy. During the administration respiration and pulse ceased, and the trachea was



opened at once below the cricoid cartilage and a double tube inserted. Artificial respiration and inversion restored the pulse and respiration after twenty minutes. The child was then put to bed. The next morning a piece of copper wire bent for a half inch to a right angle was introduced into the tracheal opening (the tube being removed, but the lips of the wound held apart by dressing forceps), and pushed upward until the chink of the china was heard, when getting the bent portion at right angles to the foreign body, it was dislodged into the mouth and removed. It was triangular in shape, and seven eighths of an inch in largest diameter. The boy made a good recovery.

TINCTURA IODOFORMI COMPOSITA.—Under this title Dr. G. Beck describes, in his Therapeutical Almanac, 1880-81, a very useful formula for a solution of iodoform and iodide of potassium, which can not only be taken internally, in doses of fifteen drops three times a day in sugared water, but is in place in all cases where the iodine treatment seems to be adapted for external application, and is capable of causing a radical disappearance of tumors of various kinds, as also of inflamed glands, etc. The original formula :

R Iodoform, . . . . .	1 part;
Potassii Iodide, . . . . .	70 parts;
Glycerine, . . . . .	70 parts;
Spir. vini. rect., . . . . .	100 parts,

is pharmaceutically incorrect, because the iodoform is not completely dissolved in this solution. The following modification is recommended, which, while not lessening any of its effects, represents a complete solution, to which balsam of Peru is added as a corrigens to the iodoform :

R Iodoform, . . . . .	8 parts;
Balsam Peru, . . . . .	3 parts;
Solve. in spir. vin. rect., . . . . .	20 parts;
Solutioni admisc.	
Kali iodide, . . . . .	70 parts.

Ft. sol. in aqua dist. and glycerin pur. āā 35 parts. Filter.  
(Med. Rec.; New England Medical Monthly.)

GANGRENE OF THE LOWER EXTREMITIES FROM OBLITERATION OF THE ABDOMINAL AORTA.—Dr. Gyselynck reports, in the *Archives Médicales Belges*, the case of a man, twenty-three years of age, admitted to hospital suffering from palpitation of the heart following an alcoholic debauch. The pulse was beating about two hundred times a minute, though it was impossible to count it exactly. There was oppressed breathing and slight cyanosis. There was no improvement for five days, notwithstanding an active treatment by digitalis and blood-letting. At the end of this time the pulse suddenly fell to sixty-four, but was intermittent. There was at this time a coldness of the feet and legs with anesthesia. The coldness continued, gangrene of the entire lower extremities ensued, and the patient died after four weeks of suffering. At the autopsy, the abdominal aorta was found completely obstructed by a large clot situated a little above the bifurcation. There was an ulceration of the inner coat of the artery in this situation, and the supposition was that the thrombus arose from a deposition of fibrine and leucocytes at this point.

SURGICAL TREATMENT OF DUPUYTREN'S CONTRACTION.—In a brochure on Dupuytren's contraction of the palmar fascia and its treatment, Dr. Chevrot describes a method pursued by Busch in the correction of this deformity. A triangular tongue of skin is dissected up from the palm, the base of the triangle resting in the crease which separates the contracted finger from the hollow of the hand, and the apex terminating at the point of greatest prominence when the finger is forcibly extended. The base of the triangle is left attached while the rest of the flap is dissected up, as much of the connective tissue as possible being raised with the skin. All the contracted bands of the aponeurosis are divided, until complete extension of the finger is obtained. The flap of skin retracts, leaving a triangular space in the palm uncovered. The edges are approximated as far as possible, and a compress applied. A retentive splint should be applied and maintained until the cure is completed. If this method is pur-

sued the danger of wounding the sheaths of the tendons is reduced to a minimum. (Medical Record.)

DECOCTION OF LEMONS IN INTERMITTENT FEVER.—In a letter from Prof. Tommasi-Crudeli to the Italian Minister of Agriculture, attention is called to a simple remedy for intermittent fevers, used with good effects by Dr. Maglieri. This physician heard of it from his uncle, who had treated his farm laborers by administering to them a decoction of lemons prepared in the following way: A lemon, freshly gathered and unpeeled, is cut into very thin slices, put into an earthenware jar, with three cupfuls of water, and boiled down to one cupful. The decoction is strained through a cloth, the remains of the lemon being firmly squeezed. The decoction ought, if possible, to stand over night in the open air, and be drunk some hours before the access of fever is expected. Besides the testimony of Dr. Maglieri, that of a well-known landed proprietor near Rome is adduced, who had also cured many of his workmen, whose fevers had proved rebellious to quinine, with this simple remedy. (British Med. Journal.)

RUPTURE OF AN ANEURISM INTO THE GALL-BLADDER.—Chiari reports the case of a man, aged thirty-three years, who, for a long time before his death, had suffered from attacks of cardiac pain. He died during a sudden and profuse intestinal hemorrhage. At the autopsy there was found in the transverse portion of the duodenum, in the upper surface, a round opening, two fifths of an inch in diameter. This led into the gall-bladder, and further examination showed the ruptured sac of an aneurism of the cystic artery, which had burst into the gall-bladder. Besides this, there was also found, in the lower half of the gall-bladder, a second aneurism, involving the inferior cystic artery, and filled with thrombi. The stomach, intestines, and esophagus were filled with coagulated and semifluid blood. This makes the fifth case on record in which the gall-bladder has been involved by an aneurism of the cystic artery. (*Centralbl. f. klin. Med.*)

## Notes and Queries.

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TO THE SUBSCRIBERS OF THE AMERICAN PRACTITIONER.—The publishers of this journal have asked us to call the attention of certain subscribers to the fact that the year 1883 is drawing to a close; that they have done their work, they believe, well; that there are few medical periodicals in this country which are better printed, which contain fewer errors, which give more or a higher quality of reading matter for the money; but that the class of subscribers to which they refer is in arrears, is still in debt to them; and they beg an early settlement. The terms on which the journal is published are cash, but it happens that short time is occasionally asked and granted, and the publishers regret to add that this indulgence is in some instances abused.

Speaking editorially, but using the language of Caleb Plummer in the Cricket on the Hearth, we say, "Christmas comes but once a year, but it *does* come." The time when the subscriber promises to pay may, like Christmas, come but once a year, but it does come—and it is now.

PRIORITY OF CLAIM OF ABDOMINAL SECTION IN GUN-SHOT WOUNDS OF THE ABDOMEN.—In the July number of the AMERICAN PRACTITIONER an esteemed contributor, Dr. Fuqua, of Hopkinsville, Ky., gives to Prof. Hunter McGuire, of Richmond, Virginia, the credit of being the first American surgeon to recommend section of the abdomen in shot wounds of this cavity. In the October number of the same journal, Surgeon D. L. Huntington, U. S. A., claims this credit for the late lamented Surgeon George A. Otis, U. S. A. Not very long before a similar claim was set up for himself by Mons. Legouest in his work on military surgery.

Each of the three surgeons named believed, we are confi-



dent, that he was the first to conceive both the operative procedure and the conditions which warranted its being put into practice. No one who knows either of the two Americans, at least, can have any doubt on that point. But the fact is, it was advised to treat abdominal wounds by enlarging them and searching for the injured parts more than forty years ago by my venerable and beloved master, Dr. Samuel D. Gross, at that time Professor of Surgery in the University of Louisville. The recommendation was based on an elaborate series of experiments made in 1841, 1842, and 1843, on wounds of the intestines of dogs. The results of this work were embodied in a series of articles published in the *Western Journal of Medicine and Surgery*, edited by Drs. Drake, my father, the late L. P. Yandell, and Thomas Colescott. I myself assisted in some of these experiments. In the papers referred to my old teacher clearly enunciated the practice which should be pursued in injuries of the bowel, whether incised or punctured, attended with fecal extravasation. In such a case Dr. Gross says, "He," the surgeon, "has a duty to perform, and that duty consists in dilating the external wound, if it be not already sufficiently large, in hooking up the injured bowel, and inclosing the solution of continuity with the requisite number of stitches, at the same time that the effused matter is carefully removed with tepid water and a soft sponge. . . . By the above procedure (which, under the circumstances pointed out, I should never hesitate to pursue) the patient is not placed in a worse condition than a female who has undergone the cesarean section, or a person whose abdomen has been ripped open in the first instance, recovery from both of which is not, as is well known, of infrequent occurrence."

In the same papers, Dr. Gross recommended, on the basis of his experiments, excision of a portion of badly wounded or gangrenous bowel, and fastening together the raw edges with sutures. A few years after the publication referred to, the late Dr. Charles Luzenberg, of New Orleans, successfully excised six inches of the abdominal tube which had mortified in con-

sequence of a strangulated hernia. It is needless to add that since that time hundreds of excisions of a portion of the intestinal tract have been successfully done.

The January number of the PRACTITIONER will contain the report of a successful case of abdominal section, made by Prof. W. O. Roberts, of Louisville, for an incised wound of the small intestine.

PRECAUTIONS TO USE AGAINST SMALLPOX.—The following circular has been issued by the State Board of Health of Kentucky:

*To the Local Boards of Health and People of the State of Kentucky.*  
The State Board of Health desires to call earnest attention to the fact that smallpox, in a severe and fatal form, is now prevailing in some sections of our own State, and in the cities of adjoining States, so intimately connected with us by the lines of travel as to constantly threaten fresh introductions of the disease. Unless unusual precautions are taken by our city, town, and county health authorities to prevent such importation and the spread of this disease, the experience of last winter is likely to be repeated on a much larger scale.

This Board, therefore, feels it to be its duty to warn the people that decisive action should at once be taken to protect the State from this loathsome malady. Fortunately the method of prevention is as certain in its action as it is cheap and easy to obtain. Vaccination and re-vaccination, properly done, with reliable virus, is a certain prevention, and is entirely free from danger. This is the conclusion of the scientific world, after full investigation and large experience, and may be thoroughly relied upon.

Notwithstanding that this safe, cheap, and perfect protection is within the reach of all, it is estimated that nearly one third of the people of this State have never availed themselves of it. It is hoped that the next legislature will make vaccination compulsory; but intelligent persons should not wait for the law to force them to an evident duty. No one should allow himself, or any one for whom he is responsible, to remain unvaccinated at any time, and especially in the face of the present danger. Health and school boards, every where, should co-operate in requiring vaccination as a condition of admission to all schools, public and private, and the proprietors of manufactories and railroads should make the same requirement of their employees. The operation should always be done by a competent physician, at

three points in the same arm, and the person vaccinated should be seen by him from time to time that he may know that a perfect result has been secured. Imperfect vaccination can only give rise to a false and often fatal sense of security.

As a further precaution, the various health boards of the State, county and municipal, are requested to perfect their organizations, take every precaution to prevent the importation of the disease into the communities over which they have control, or, failing in this, be ready to stamp it out by strictly isolating the first case, and vaccinating and re-vaccinating every person endangered by it. It would be well for health boards in localities not provided with hospitals to have in view some suitable cottage which could be used as a hospital in case of emergency. All carpets, curtains, stuffed furniture, clothing, and other articles not required for immediate use, should be removed from rooms intended for use of persons affected with small-pox; and no person except the physician, nurse or parent, should be allowed to enter or go near the house, or touch any article used therein, until after thorough disinfection. The funerals of all persons dying of this disease should be strictly private. The same precautions should be observed in the management of scarlet fever, measles, diphtheria, and other infectious diseases.

By the promptness and efficiency of several of the county boards the disease was effectually controlled in many localities last year. In other counties no such precautions were taken at the outset, and the disease was only checked after serious loss of life, great interference with business, from the panic incident to an epidemic of this disease, and an expenditure of money, which, if judiciously used in systematic vaccination beforehand, would have given perfect immunity to every citizen in the community. Here, as in many other things, an ounce of prevention is not only better but cheaper than a pound of cure.

In this, and all other matters pertaining to the public health, the State Board holds itself in readiness to assist the local boards to the full extent of its powers; and all physicians of the State are requested to promptly notify this office, as well as their local boards, of the first outbreak of this or any other contagious disease in their respective communities.

J. N. McCORMACK, *Secretary*.

THE FUTURE OF CEREBRAL SURGERY.—At the conclusion of his introductory address, delivered before the Royal Medical and Chirurgical Society, on October 23d, Dr. Ferrier made a most important observation, which can not fail to prove of in-

terest to all contemporary surgeons. He remarked that physicians would not be justified in advising surgical operations on the brain, and surgeons would refrain from active interference, until the principles and diagnosis of regional disease had been established with as near an approach to certainty as is possible, where all is hidden from the eye and hand. But, he continued, it is doubtful that any reason now remains why a surgeon, who fearlessly exposes the abdominal viscera, should not open the cranial cavity. Dr. Ferrier has seen complete recovery constantly follow some of the most formidable operations that have been performed on the brain and its coverings, in animals of the most delicate and almost human organization, when stringent antiseptic precautions had been taken. He can not, therefore, but believe that similar results are capable of being achieved on man himself. Secondary inflammation can be absolutely prevented, and there is no risk to life from even extensive destruction of the cerebral hemispheres. In removing tumors or diseased cerebral tissue, no doubt healthy structures might be injured; but this would not necessarily cause mental disorder.

The triumphs of abdominal surgery, due in a great measure to advances in clinical and pathological science, and the correct appreciation of the physiology of abdominal structures and organs, have been followed by a great activity in the department of thoracic surgery. Surgeons now have the high authority of Dr. Ferrier to encourage them in untried efforts for the cure of cerebral disease by operation.

It may be said that trephining is a very old, and yet still a not very satisfactory practice; but hitherto it has generally been performed for the relief of some result of injury when deeper and more serious damage exists, or for the cure of a local condition implying, of necessity, more or less general disease of the brain. Tapping the pleura and cesarean section are also very old operations, practiced long before thoracic and abdominal surgery had reached their present extended stage of development. They have been supplemented or superseded by operations per-



formed with more deliberation, and not so often under conditions of emergency.

Through the labors of Dr. Ferrier, the future surgeon will probably perform with success operations which will bear the same relation to simple trephining as ovariectomy and Porro's operation bear to repeated tapping of ovarian cysts and cesarean section. (British Med. Jour.)

A NEW TUNE ON AN OLD STRING.—The following story is culled from the pages of the California Medical Journal, for October, 1883: "An old toper whose sober moments were harassed by a vixenish wife concluded to shuffle off, and loaded up with laudanum for that purpose. In a short time his wife discovered him in a state of narcotism, and, raising an alarm, sent off every one who came in for a physician. The first one who came was Smith, an old practitioner, who looked him over, pronounced him dead, and went away. Soon after, another old practitioner, Brown, came in, who also gave in the verdict of 'dead,' and departed. Shortly the third one, Jones, a young practitioner, arrived, and, proceeding to a vigorous use of the stomach-pump and forced exercise, finally succeeded in bringing the old gentleman to his senses, and left, feeling that there was but one first-class doctor in that vicinity. In a few days he called around and presented his bill. 'What's this for?' inquired the would-be suicide. 'For saving your life the other night,' replied Jones. 'Well, I didn't ask you to. I never employed you, and I'll not pay it. You'd no business coming in here and jamming your old pump down my neck. Brown is my family physician, and I'll not pay any body else,' was answered. Then Jones went away to Brown's office to try and get him to induce the man to pay the bill. 'Jones,' said Brown, looking out over the top of his spectacles, 'I never thought you a bad sort of a fellow, but you've done a very foolish thing, and it serves you right to lose your bill. Didn't I say he was dead?' 'Yes,' says Jones. 'Didn't Smith say he was dead?' 'Yes,' says Jones. 'Well, that settled it. The man was dead to all intents

and purposes, and you had no right to say that he was not. When two old experienced doctors like Smith and me say a man is dead, it's unprofessional and discourteous for a young man, a beginner in practice, to dispute their word. We'll forgive you this time, because of your youth and inexperience, and will hush the matter up for you; but be very careful in the future and make no more such mistakes.'"

THE USES OF HYDROBROMIC ACID.—Dr. Joseph Parish, of Burlington, N. J., writes, referring to an article by Dr. C. L. Dana (*Journal of Nervous and Mental Diseases*) on hydrobromic acid, that he has recently used it in two cases: "In one it relieves the insomnia in fluid-dram doses, taken in the evening, say three doses a few hours before retiring. The other is a neurasthenic case, in which there is enlargement and hardening of sciatic nerve and general neuralgia. In this case I have given the bromides in several forms with but little impression, except bromism. Hoping to avoid the bromism, I resorted to ten-per-cent acid, with the effect of bringing out the bromism as distinctly as when she took either of the salts. In direct opposition to this case I have a lady of forty, an epileptic, who has taken bromide potassium, in doses of from half a dram to a dram and a half, three times a day for the last fourteen years without the slightest sign of bromidism."

Dr. Squibb writes of hydrobromic acid in *Ephemeris*: "Its most common and probably most effective use is as an addition, either constantly or intermittently, to solutions of the bromides when these have to be taken for a long time and in full doses. In this way full bromine doses may be easily maintained, while the effect of the bases is diminished. Full doses of the acid are difficult to administer on account of its intense acidity. It is best given with sugar, or with syrup, or with syrup of acacia, and with lemon syrup it is somewhat like lemonade. Large dilution is always advisable. The dose of the officinal acid is two to four fluid-drams, which is equal in bromine to seventeen to thirty-four grains of the potassium salt. An equivalent dose

of the thirty-four-per-cent acid is about twenty-seven to fifty-four minims. This acid is very useful in making extemporaneous solutions of many bromides. For example, the very effective bromide of lithium may be very easily made extemporaneously by prescription, by simply saturating, or nearly saturating, the acid with lithium carbonate."

POLITICAL changes in the medical management of hospitals for the insane are more to be deprecated than similar changes in the management of any other State charity, not excepting even the schools for the feeble-minded, the blind and the deaf and dumb.

No physician of ordinary skill, ability, and experience in his profession, be he ever so diligent, can acquire such a familiarity with the special features of insanity and the management of the insane, as to honestly justify him in assuming control of a State lunatic asylum, as its chief medical head, in less than a year's residence among the insane; and an equal length of time is requisite to familiarize a new physician, unless he knows well by previous experience how to go about acquiring this knowledge, with the *personnel* and previous history of the usual number of insane patients in a State asylum.

Few physicians can properly qualify themselves for their duties in this time. Only here and there a first-class medical man of exceptional experience and ability in general practice, or who has gained a special reputation in neurology and psychiatry by zealous labor and a peculiar love for this work, constitutes an exception.

We must therefore protest against changes in the management of these institutions for any thing but just cause. In the coming political contests we hope all parties will fly the neutral flag over their State charities.

Purely political changes wrong the friends of the insane, who have the right to expect the greatest possible skill in the management of their insane friends, and they seal unfavorably the fate of many an otherwise curable insane person. (Alienist and Neurologist.)

DISEASE ON THE TAPIS.—A correspondent of the Standard very judiciously points out that the present eccentric fashion of furnishing drawing-rooms with old Oriental rugs is both offensive and hazardous. These rugs, when they are what they are represented to be, have been used as "passage-rugs" for long periods, sometimes reaching up even to a hundred years; and must, in many instances, have been knelt on by persons affected by leprosy and other loathsome diseases. Now, the odor of sanctity is not a good disinfectant; and the danger is, that these faded and frowsy floor-coverings may import among us some very unpleasant maladies. Old Persian rugs should either be banished from English homes, or should be baked, before being introduced into them, to a degree that will add the charm of singe to that of tinge. (British Med. Jour.)

THE following is Dr. Fothergill's formula for asthma (Med. Sum.):

R. Tinct. lobeliæ, . . . . .	℥ v;
Ammonii iodidi, . . . . .	℥ ij;
Ammonii bromidi, . . . . .	℥ iij;
Syr. totultani, . . . . .	℥ iij.

M. Teaspoonful every one, two, three, or four hours.

This gives relief in a few minutes, and sometimes the relief is permanent. (Medical Review.)

FIRST DISTINCT ACCOUNTS OF SCARLET FEVER AMONG HORSES AND CATTLE.—A. D. 1514: Frascator describes a pestilential exanthematic or eruptive fever among animals, somewhat like the measles or purpuric fever in man, but more particularly resembling *the scarlet fever of Sydenham*, or the malignant miliary fever as described by Hamilton and Alloni, but more exactly by Waltherius. An eruption appeared on the face, ears, neck and fore-legs, attended with sore throat. It was a kind of quinsy, followed by eruptions.

A. D. 1517: There was a great murrain among cattle. There raged a pain and inflammation of the throat, so pestiferous, malignant, and contagious that many men and cattle died, and



no one dared to eat beef. Even dogs were poisoned, and crows who ate of the diseased meat.

A. D. 1610: A gangrenous sore throat raged in Old Castile among horses, cattle, and hogs. It was a contagious disease of the throat and mouth, like scarlet fever or diphtheria, or both, or, as some said, a combination of influenza and eczema. It was followed in 1616 by malignant angina among men.

A. D. 1518: An epizootic appeared among horses, which consisted in a mass of abscesses in the throat and about the head. (Dr. John C. Peters.)

THE MEDICAL VOYAGE OF LIFE.—The following clever chronological classification of the ills to which human flesh is heir may give a faint conception of the gauntlet which we poor mortals have to run: First year: icterus neonatorum, hyperkinesis intestinalis, and vaccination. Second year: dentition, croup, cholera infantum, and fits. Third year: diphtheria, whooping cough, and bronchitis. Fourth year: scarlatina, worms, and meningitis. Fifth year: measles. Now half the children are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperesthesia sexualis. Sixteenth year: spermatorrhea, chlorosis, and spinal irritation. Eighteenth year: blenorrrhea urethralis. Twentieth year: bubo, alcoholic cephalalgia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thirty-fifth year: pneumonia. Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty-fifth year: apoplexy. Seventieth year: amblyopia, deafness, anosmia, general dyskinesia, atonic digestive tract, rheumatismus deformans. Seventy-fifth year: finis. (Canada Med. and Surg. Jour.)

A LITHOPEDION.—At a recent sitting of the *Académie des Sciences*, Dr. Sappey exhibited a fetus which had died at the end of six months' extra-uterine gestation, and had afterward

been retained in the mother's abdomen for fifty-six years. The mother became pregnant at the age of twenty-eight, but labor did not come on at term nor afterward. At the age of eighty-four she went into the infirmary at Quimperlé, where she died three weeks after admission. At the necropsy a large, hard cyst, with calcified walls, was discovered adjoining the uterus. This was divided by a saw, and found to contain a fetus in a state of almost perfect preservation. The skin, lungs, muscles, and other parts had preserved their normal softness and appearance. M. Sappey explains the preservation of the fetus by means of Pasteur's theory concerning the exclusion of air and aërial germs. It is a noteworthy fact, that these cases of lithopedions have been in the most authenticated instances of extra-uterine origin.

A RARE FOREIGN BODY IN THE EYE.—As senior medical officer of the military escort which proceeded with King Cetywayo to Zululand, an uncommon case came under my observation. A native driver (Cape boy), one day, while lying down under a wagon, became conscious of the existence of a foreign body in his left eye. Having tried all the usual methods of removing it himself without success, he presented himself at the field-hospital, where, upon everting the lower eyelid, a foreign body was plainly visible on the surface of the cornea, which, on closer examination, turned out to be a living tick (*Ixodes*) common in South Africa. The tick was tightly fixed to the cornea, but was compelled to relinquish its hold by being grasped between the blades of a very fine forceps. After removal, the insect was placed on my hand, and appeared as vigorous as possible. No inflammation ensued. I mentioned this case to all the local practitioners here, but none of them had ever heard of such a case. (Harvie Scott, M. B., in British Medical Journal.)

INHERITANCE AS A CAUSE OF DRUNKENNESS.—In support of the theory of the hereditary transmission of the thirst for alco-

hol, Dr. J. S. Jewell related the following remarkable instance at the meeting of the California State Medical Society (Pacific Medical and Surgical Journal): The patient was the third son of his parents, and was sorely afflicted with alcoholism. He stated to Dr. Jewell that himself and younger brother (the fourth son) had always, almost from infancy, been too fond of liquors, while his two elder brothers were strong total-abstinence men, and never touched liquor; the latter were also men of wealth, while the younger, who were inebriates, were poor. He said that he had often heard his mother say of his father, that during the first five years of their married life he (the father) did not use liquor in any way, and would not associate with men who did. But about the fifth year after their marriage, about the time the third son was begotten, the father had many business reverses, took to drink, and died after being an habitual drunkard for several years.

SIR WILLIAM MACCORMAC.—This distinguished surgeon made a flying trip through a portion of America during last Autumn. His reputation, both as a teacher and writer, gave him a ready entree to professional circles in all the cities which he visited. His cordiality and simplicity of manner attracted every one who had the good fortune to form his acquaintance. He made troops of friends during his brief stay, who will be glad to welcome him whenever he has time to revisit America.

While in Louisville he did an operation for extrophy of the bladder before the medical class of the University of Louisville. A description of the operation, which is his own, will appear in the *Clinic* of our January number.

J. MARION SIMS.—In the death of Dr. Sims, which occurred suddenly, at his home in New York, on the night of November 13th, the profession of medicine has lost one of its most active, useful, and distinguished members, and mankind at large, one of its greatest benefactors. To such as knew him personally he

endeared himself by every manly quality, no less than by those gentle traits which are so often found united with the greatest strength and force of character. He is the last of the great triumvirate—Recamier—Simpson—Sims—who, though separated by time and distance, yet jointly won the beneficent domain occupied by modern gynecology. Though the last, he was not the least of the three.

ABSENCE OF THE UTERUS.—Dr. Tschernoguboff relates the case of a woman, twenty-four years of age, well nourished and of good physique. The labia were of normal appearance, but the clitoris was very small. The urethra was so dilated as to allow the fingers to pass readily into the bladder. The vagina was very short and ended in a cul-de-sac. Combined vesical and rectal examination could detect no trace of a uterus. The woman had never menstruated nor had she ever had any vicarious hemorrhages. She had been married six years, but every attempt at coitus was accompanied with severe pain. (*St. Petersburger Med. Wochenschrift*.)

INTESTINAL OBSTRUCTION CAUSED BY A CALCULUS.—Dr. Magnin relates, in the *Journal de Médecine et de Chirurgie Pratiques*, for August, 1883, the case of a lady who, for several days, had suffered from obstinate constipation, and complained of violent pain in the abdomen. Purgatives of various kinds were administered, during five days, without effect, except to induce bilious vomiting and increased pain. At the end of this time the obstruction was relieved by the passage of a calculus the size of a duck's egg, of ovoid shape, and rough on its surface. The composition of the mass was the same as that of biliary calculi.

WILLIAM R. WARNER & Co.—This enterprising firm has recently added another to the many premiums which they had already won for their pharmaceutical preparations. Their last triumph was achieved at the Southern Exposition, held in Louisville last autumn, where they gained, over all competitors,



and, it is understood, with the unanimous opinion of the committee on awards, the premium for excellence, purity, and beauty of soluble coated pills, granules, and parvules. The preparations named leave, it seems to us, nothing to be desired. They are perfect.

ABSENCE OF THE SPLEEN.—Dr. Isidor Mehrer, in a communication to the *Wiener Medicinische Presse*, Sept. 2d, reports that in a judicial post-mortem made upon a woman forty-five years of age, who had committed suicide by hanging, he was unable, after a most careful examination of the abdomen and thorax, to find the slightest trace of a spleen, its accustomed place being occupied by the small intestine. The other organs were normal and properly developed, the liver alone being a little enlarged. The woman was healthy during her lifetime.

MEDICAL SOCIETY OF LONDON, October 29, 1883.

*Dear Sir:* We have much pleasure in informing you that the Fellows of the Society at their meeting this evening unanimously resolved to offer to you the Honorary Fellowship of their body. We are, dear sir, faithfully yours,

NAMBARD OWEN, } *Hon. Secretaries.*  
A. PEARCE GOULD. }

Prof. DAVID W. YANDELL, M. D.,  
Louisville, Ky., U. S. A.

NEW THEORY OF THE ORIGIN OF BACILLI.—Bouchardat, at the last meeting of the Paris Academy of Medicine, denied the specificity and contagion of the so-called tubercle-bacillus. He attributes these organisms to a fault of nutrition, as the result of which leucocytes acquire the power of transforming themselves into pathogenic bacilli. (*Berliner Klin. Wochenschrift.*)

THE innominate artery was ligated by Mr Mitchell Banks, at the Liverpool Royal Infirmary on the 28th of February, for aneurism of the second portion of the subclavian. A ligature was also placed on the common carotid. Kangaroo tendons.

were used with strict antiseptic precautions. The patient recovered rapidly from the operation, and left the Infirmary with his aneurism much improved. (London Lancet.)

SURGEON-GENERAL JOHN B. HAMILTON, U. S. Marine Hospital Service, has been tendered the Chair of Surgery in the Georgetown Medical College, and signified his acceptance of the same, having resigned a similar position in the Medical Department of Columbia University, which he was temporarily filling during the absence of Prof. J. Ford Thompson in Europe. A judiciously confirmed honor.

CITRIC ACID IN CANCER.—Dr. Brandini, of Florence, has recently discovered that citric acid will assuage the violent pain which is the usual concomitant of cancer. He applies to the part pledgets of lint soaked in a solution of four grains of the acid in three hundred and fifty grains of common water, with the result of affording instantaneous relief in the most aggravated cases. (Gal. Mes.)

A DEPARTURE IN FRENCH JOURNALISM.—It is very rare that French journals take any notice of medical events in other countries than France. In a recent issue of *Le Progrès Médical* however, appeared a very good account of the meeting of one of the sections of the "Association Médicale Americain," at Cleveland last June.

"HAVE you ever tried the faith cure?" asked a long-haired, sallow stranger, addressing a gentleman in a street-car. "I have," was the reply. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly; I was cured of my faith." (*Medico-Legal Journal*.)

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